IOWA COURT RULES

FIFTH EDITION

August 2019 Supplement



Published under the authority of Iowa Code section 2B.5(2).

PREFACE

The Fifth Edition of the Iowa Court Rules was published in July 2009 pursuant to Iowa Code section 2B.5(2). Subsequent updates to the Iowa Court Rules, as ordered by the Supreme Court, are published in electronic format only and include chapters that have been amended or adopted.

The Iowa Court Rules and related documents are available at www.legis.iowa.gov/law/courtRules.

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Chapter 1 Iowa R. Civ. P.
Chapter 2 Iowa R. Crim. P.
Chapter 5 Iowa R. Evid.
Chapter 6 Iowa R. App. P.
Chapter 16 Iowa R. Elec. P.
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Chapter 32 Iowa R. of Prof'l Conduct Chapter 51 Iowa Code of Judicial Conduct

All other rules shall be cited as "Iowa Ct. R."

Supplements. Supplements to the Fifth Edition of the Iowa Court Rules have been issued as follows:

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2009 — August, September, October, November, December
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2010 — January, February, March, May, June, August, September, December

2011 — February

2012 — January, May, June, August, September, December

2013 — March, May, June, August, September, November, December

2014 — January, March, April, June, December

2015 — January, April, May, October, December

2016 — February, July, August, December

2017 — January, April, August, September, November, December

2018 — June, August, December

2019 — February, July

August 2019 Supplement

Changes in this supplement

Rule 12.36, Forms 3 to 5, 7, 9, 12,	Rules 17.301 to 17.399 Reserved
13, 17, 22, 23, 27 to 29, 32, 33 Removed	Rule 17.400 Adopted
Rule 13.35, Forms 3, 4, 6, 8, 9, 11,	Rule 17.400, Forms 401 to 430 Adopted
14, 15, 17, 21, 22, 24, 28, 29 Removed	Rule 17.400, Forms 431 to 500 Reserved
Rule 17.300, Forms 329 to 400 Reserved	Rules 17.401 to 17.499 Reserved

INSTRUCTIONS FOR UPDATING THE IOWA COURT RULES

Replace Chapter 12

Replace Chapter 13

Replace Chapter 17

CHAPTER 12

RULES FOR INVOLUNTARY HOSPITALIZATION OF MENTALLY ILL PERSONS

Rule 12.1		forms obtained from clerk
Rule 12.2		proceedings — insufficient grounds
Rule 12.3	Notice to respo	ondent — requirements
Rule 12.4	Notice requirer	ment — waiver
Rule 12.5	Hearings — co	ntinuance
Rule 12.6	Attorney confe	rence with respondent — location — transportation
Rule 12.7	Service, other t	
Rule 12.8	Return of servi	
Rule 12.9	Amendment of	proof of service
Rule 12.10		nce and argument — predetermination
Rule 12.11		nce and argument — after confinement
Rule 12.12		eport to attorney
Rule 12.13	Physician's rep	
Rule 12.14	Probable cause	
Rule 12.15	Hearing — cou	
Rule 12.16		ation at hospital or treatment facility
Rule 12.17		ights explained before hearing
Rule 12.17	Subpoenas	ights explained before hearing
Rule 12.19		aring — exceptions
Rule 12.19		etronic recording
Rule 12.21		county of confinement
Rule 12.22	Evaluation and	
	Evaluation and Evaluation — t	
Rule 12.23 Rule 12.24		
	Evaluation repo	
Rule 12.25	Reports issued	
Rule 12.26	Clerk's filing s	
Rule 12.27		ention — magistrate's approval
Rule 12.28		ention — medical officer absent from facility
Rule 12.29	Attorney appoi	
Rule 12.30	Chemotherapy	
Rule 12.31	Outpatient trea	tment plan
Rules 12.32 to 12.35	Reserved	1
Rule 12.36		luntary hospitalization of mentally ill persons
	Form 1:	Application Alleging Serious Mental Impairment
		Pursuant to Iowa Code Section 229.6
	Form 2:	Affidavit in Support of Application Alleging Serious
		Mental Impairment Pursuant to Iowa Code Section 229.6
	Form 3:	Notice to Respondent Pursuant to Iowa Code Section
		229.7
		Removed from chapter by court order May 22, 2019,
		effective September 3, 2019.
	Form 4:	Order for Immediate Custody Pursuant to Iowa Code
		Section 229.11
		Removed from chapter by court order May 22, 2019,
		effective September 3, 2019.
	Form 5:	Order Appointing Attorney Pursuant to Iowa Code
		Section 229.8
		Removed from chapter by court order May 22, 2019,
		effective September 3, 2019.
	Form 6:	Application for Appointment of Counsel and Financial
	- 51111 01	Statement Statement of Statement Sta

Form 7:	Appointment of Physician Pursuant to Iowa Code Section 229.8
	Removed from chapter by court order May 22, 2019, effective September 3, 2019.
Form 8:	Physician's Report of Examination Pursuant to Iowa
Е 0	Code Section 229.10(2)
Form 9:	Order for Continuance Pursuant to Iowa Code Section 229.10(4)
	Removed from chapter by court order May 22, 2019, effective September 3, 2019.
Form 10:	Stipulation Pursuant to Iowa Code Section 229.12 and
D 11	Iowa Ct. R. 12.19
Form 11:	Notice of Medication Pursuant to Iowa Code Section 229.12(1)
Form 12:	Discharge and Termination of Proceeding Pursuant to Iowa Code Section 229.12
	Removed from chapter by court order May 22, 2019,
T 10	effective September 3, 2019.
Form 13:	Findings of Fact and Order Pursuant to Iowa Code Section 229.13
	Removed from chapter by court order May 22, 2019,
Б 14	effective September 3, 2019.
Form 14:	Notice of Termination of Proceedings Pursuant to Iowa Code Section 229.21
Form 15:	Notice of Order Pursuant to Iowa Code Section 229.21
Form 16:	Application for Order for Extension of Time for
	Psychiatric Evaluation Pursuant to Iowa Code Section 229.13
Form 17:	Order Re: Extension of Time Pursuant to Iowa Code
	Section 229.13 Removed from chapter by court order May 22, 2019,
	effective September 3, 2019.
Form 18:	Chief Medical Officer's Report of Psychiatric Evaluation
T 10	Pursuant to Iowa Code Section 229.14
Form 19:	Chief Medical Officer's Periodic Report Pursuant to Iowa Code Section 229.15(1)
Form 20:	Periodic Report Pursuant to Iowa Code Section 229.15(2)
Form 21:	Periodic Report Pursuant to Iowa Code Section
Form 22:	229.15(3). (Alternate Placement)
FOIII 22.	Notice of Chief Medical Officer's Report or Application Pursuant to Iowa Code Section 229.13
	Removed from chapter by court order May 22, 2019,
E 22	effective September 3, 2019.
Form 23:	Order After Evaluation Pursuant to Iowa Code Section 229.14
	Removed from chapter by court order May 22, 2019, effective September 3, 2019.
Form 24:	Notice of Appeal From the Findings of the Judicial
	Hospitalization Referee
Form 25:	Attorney's Report and Request for Withdrawal Pursuant to Iowa Code Section 229.19
Form 26:	Claim for Attorney or Physician's Fees Order and
Form 27:	Certificate Order of Detention Pursuant to Iowa Code Section
	229.22(2)
	Removed from chapter by court order May 22, 2019,
	effective September 3, 2019.

Form 28: Magistrate's Report Pursuant to Iowa Code Section 229.22(2)(a) Removed from chapter by court order May 22, 2019, effective September 3, 2019. Form 29: Emergency Hospitalization Order Pursuant to Iowa Code Section 229.22, Subsections (3) and (4) Removed from chapter by court order May 22, 2019, effective September 3, 2019. Quarterly Report of Patient Advocate Pursuant to Iowa Form 30: Code Section 229.19(6) Form 31: Notice to Patient of Name of Advocate Pursuant to Iowa Code Section 229.19 Form 32: Notice to Respondent Pursuant to Iowa Code Section 229.14(2)(d) Removed from chapter by court order May 22, 2019, effective September 3, 2019. Form 33: Hospitalization Order Pursuant to Iowa Code Section

229.14(2)(d)
Removed from chapter by court order May 22, 2019.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

CHAPTER 12 RULES FOR INVOLUNTARY HOSPITALIZATION OF MENTALLY ILL PERSONS

[Forms included at rule 12.36] See Iowa Code section 229.40

Rule 12.1 Application — forms obtained from clerk. A form for application seeking the involuntary hospitalization or treatment of any person on grounds of serious mental impairment may be obtained from the clerk of court in a county in which the person whose hospitalization is sought resides or is presently located. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for serious mental impairment and who has sufficient contact with or knowledge about that person to provide the information required on the face of the application and by Iowa Code section 229.6. The clerk or clerk's designee shall provide the forms required by Iowa Code section 229.6 to the person who desires to file the application for involuntary commitment. The clerk shall see that all the necessary information required by Iowa Code section 229.6 accompanies the application.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.2 Termination of proceedings — insufficient grounds. If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's serious mental impairment appear on the face of the application and supporting documentation, the judge or referee shall order the proceedings terminated, so notify the applicant, and all papers and records pertaining thereto shall be confidential and subject to the provisions of Iowa Code section 229.24. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.3 Notice to respondent — requirements.

- **12.3(1)** If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's serious mental impairment appear on the face of the application and supporting documentation, the sheriff or sheriff's deputy shall immediately serve notice, personally and not by substitution, on the respondent. Pursuant to Iowa Code section 229.9, notice shall also be served on respondent's attorney as soon as the attorney is identified or appointed by the judge or referee.
- **12.3(2)** If the respondent is being taken into immediate custody pursuant to Iowa Code section 229.11, the notice shall include a copy of the order required by section 229.11 and rule 12.14.
- **12.3(3)** The notice of procedures required under Iowa Code section 229.7 shall inform the respondent of the following:
 - a. The respondent's immediate right to counsel, at county expense if necessary.
- b. The right to request an examination by a physician of the respondent's choosing, at county expense if necessary.
 - c. The right to be present at the hearing.
- d. The right to a hearing within five days if the respondent is taken into immediate custody pursuant to Iowa Code section 229.11.
- *e*. The right not to be forced to hearing sooner than forty-eight hours after notice, unless respondent waives such minimum prior notice requirement.
 - f. The respondent's duty to remain in the jurisdiction and the consequences of an attempt to leave.
- g. The respondent's duty to submit to examination by a physician appointed by the court. [Supreme Court Report 1979; amendment 1982; November 9, 2001, effective February 15, 2002]
- **Rule 12.4 Notice requirement** waiver. The respondent may waive the minimum prior notice requirement only in writing and only if the judge or referee determines that the respondent's best interests will not be harmed by such waiver.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.5 Hearings — continuance. At the request of the respondent or the respondent's attorney, the hearing provided in Iowa Code section 229.12 may be continued beyond the statutory limit in order that the respondent's attorney has adequate time to prepare for the case, and in such instances custody pursuant to Iowa Code section 229.11 may be extended by court order until the hearing is

held. The continuance shall be no longer than five days beyond the statutory limit, unless respondent gives written consent to the longer continuance.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.6 Attorney conference with respondent — location — transportation. If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 229.11, the respondent's attorney may apply to the judge or referee for an opportunity to confer with the respondent, in a place other than the place of confinement, in advance of the hearing provided for in Iowa Code section 229.12. The order shall provide for transportation and the type of custody and responsibility therefor during the period the respondent is away from the place of confinement under this rule.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.7 Service, other than personal. If personal service as defined in rule 12.3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.8 Return of service. Returns of service of notice shall be made as provided in Iowa R. Civ. P. 1.308.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.9 Amendment of proof of service. Amendment of process or proof of service shall be allowed in the manner provided in Iowa R. Civ. P. 1.309. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.10 Attorney evidence and argument — predetermination. If practicable the court should allow the respondent's attorney to present evidence and argument prior to the judge's determination under Iowa Code section 229.11.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.11 Attorney evidence and argument — after confinement. If the respondent's attorney is afforded no opportunity to present evidence and argument prior to the determination under Iowa Code section 229.11, the attorney shall be entitled to do so after the determination during the course of respondent's confinement pursuant to an order issued under that section.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.12 Examination report to attorney. The clerk shall furnish the respondent's attorney with a copy of the examination report filed pursuant to Iowa Code section 229.10(2), as soon as possible after receipt. In ruling on any request for an extension of time under Iowa Code section 229.10(4), the court shall consider the time available to the respondent's attorney after receipt of the examination report to prepare for the hearing and to prepare responses from physicians engaged by the respondent, where relevant. Respondent's attorney shall promptly file a copy of a report of any physician who has examined respondent and whose evidence the attorney expects to use at the hearing. The clerk shall provide the court and the county attorney with a copy thereof when filed.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.13 Physician's report. The court-designated physician shall submit a written report of the examination as required by Iowa Code section 229.10(2) on the form designated for use by the supreme court. The report shall contain the following information, or as much thereof as is available to the physician making the report:

- (1) Respondent's name;
- (2) Address;
- (3) Date of birth;
- (4) Place of birth;
- (5) Sex;
- (6) Occupation;
- (7) Marital status;
- (8) Number of children, and names;

- (9) Nearest relative's name, relationship, and address; and
- (10) The physician's diagnosis and recommendations with a detailed statement of the facts, symptoms and overt acts observed or described to the physician, which led to the diagnosis. [Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]
- **Rule 12.14 Probable cause.** The judge's or referee's immediate custody order under Iowa Code section 229.11 shall include a finding of probable cause to believe that the respondent is seriously mentally impaired and is likely to inflict self-injury or injure others if allowed to remain at liberty. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- **Rule 12.15 Hearing county location.** The hearing provided in Iowa Code section 229.12 shall be held in the county where the application was filed unless the judge or referee finds that the best interests of the respondent would be served by transferring the proceedings to a different location. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- Rule 12.16 Hearing location at hospital or treatment facility. The hearing required by Iowa Code section 229.12 may be held at a hospital or other treatment facility, provided a proper room is available and provided such a location would not be detrimental to the best interests of the respondent. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- Rule 12.17 Respondent's rights explained before hearing. The respondent's rights as set out in rule 12.3(3) and the possible consequences of the procedures shall be explained to the respondent by the respondent's attorney to the extent possible. Prior to the commencement of the hearing under Iowa Code section 229.12, the judge or referee shall ascertain whether the respondent has been so informed.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.18 Subpoenas. Subpoena power shall be available to all parties participating in the proceedings, and subpoenas or other investigative demands may be enforced by the judge or referee. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.19 Presence at hearing — exceptions.

- **12.19(1)** The person(s) filing the application and any physician or mental health professionals who have examined respondent and have submitted a written examination of the respondent in connection with the hospitalization proceedings must be present at the hearing conducted under Iowa Code section 229.12 unless their presence is waived by the respondent's attorney, the judge or referee finds their presence is not necessary, or their testimony can be taken through telephonic means and the respondent's attorney does not object.
- 12.19(2) The respondent must be present at the hearing unless prior to the hearing the respondent's attorney stipulates in writing to respondent's absence, such stipulation to state that the attorney has conversed with the respondent, that in the attorney's judgment the respondent can make no meaningful contribution to the hearing, and the basis for such conclusions. A stipulation to the respondent's absence shall be reviewed by the judge or referee before the hearing, and may be rejected if it appears that insufficient grounds are stated or that the respondent's interests would not be served by respondent's absence.

[Supreme Court Report 1979; amendment 1980; October 11, 1991, effective January 2, 1992; November 9, 2001, effective February 15, 2002]

- **Rule 12.20 Hearing electronic recording.** An electronic recording or other verbatim record of the hearing provided in Iowa Code section 229.12 shall be made and retained for three years or until the respondent has been discharged from involuntary custody for 90 days, whichever is longer. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- Rule 12.21 Transfer from county of confinement. If the respondent is in custody in another county prior to the hearing provided in Iowa Code section 229.12, respondent's attorney may request that the respondent be delivered to the county in which the hearing will be held prior thereto in order to facilitate preparation by respondent's attorney. Such requests should be denied only if they are unreasonable and if the denial would not harm respondent's interests in representation by counsel.

This rule is not intended to authorize permanent transfer of the respondent to another facility without conformance to appropriate statutory procedures.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.22 Evaluation and treatment. If the respondent is found by the court to be seriously mentally impaired following a hearing under Iowa Code section 229.12, evaluation and treatment shall proceed as set out in Iowa Code section 229.13.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.23 Evaluation — time extension. If, pursuant to Iowa Code section 229.13, the chief medical officer requests an extension of time for evaluation beyond 15 days, the chief medical officer shall file application in the form prescribed by this chapter with the clerk of court in the county in which the hearing was held. The application shall contain a statement by the chief medical officer or the officer's designee identifying with reasonable particularity the facts and reasons in support of the request for extension. The clerk shall immediately notify the respondent's attorney of the request and shall furnish a copy of the application to the attorney. The clerk shall also immediately furnish a copy of the application to the respondent's advocate, if one has been appointed. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.24 Evaluation report. The findings of the chief medical officer pursuant to Iowa Code section 229.14 must state with reasonable particularity on the form prescribed by this chapter the facts and basis for the diagnostic conclusions concerning the respondent's serious mental impairment and recommended treatment, including but not limited to: The basis for the chief medical officer's conclusion as to respondent's mental illness, judgmental capacity concerning need for treatment, treatability, and dangerousness; and the basis for the chief medical officer's conclusions concerning recommended treatment including the basis for the judgment that the chief medical officer's treatment recommendation is the least restrictive alternative treatment pursuant to options (a), (b), (c), or (d) of Iowa Code section 229.14(1).

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; October 1, 2008, effective December 15, 2008]

Rule 12.25 Reports issued by clerk. The clerk shall promptly furnish copies of all reports issued under Iowa Code section 229.15 to the patient's attorney or advocate or to both if they both are serving in their respective capacities at the same time, and such reports shall comply substantially with the requirements of rule 12.24.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.26 Clerk's filing system. The clerk shall institute an orderly system for filing periodic reports required under Iowa Code section 229.15 and shall in timely fashion ascertain when a report is overdue. In the event a report is not filed, the clerk shall contact the chief medical officer of the treatment facility and obtain a report.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.27 Emergency detention — magistrate's approval. If the magistrate does not immediately proceed to the facility where a person is detained pursuant to Iowa Code section 229.22, the magistrate shall verbally communicate approval or disapproval of the detention and such communication shall be duly noted by the chief medical officer of the facility on the form prescribed by this chapter.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.28 Emergency detention — medical officer absent from facility. If the facility to which the respondent is delivered pursuant to Iowa Code section 229.22 lacks a chief medical officer, the person then in charge of the facility shall, if treatment appears necessary to protect the respondent, immediately notify a physician. The person in charge of the facility shall then immediately notify the magistrate.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.29 Attorney appointed. As soon as practicable after the respondent's delivery to a facility under Iowa Code section 229.22, the magistrate shall identify or appoint an attorney for the respondent and shall immediately notify such attorney of respondent's emergency detention. If counsel can be identified at the time of respondent's arrival at a facility, or if legal services are available through a legal aid or public defender office, the magistrate must immediately notify such counsel and such counsel shall be afforded an opportunity to see the respondent and to make such preparation as is appropriate before or after the magistrate's order is issued.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.30 Chemotherapy procedure. When chemotherapy has been instituted prior to a hearing under Iowa Code section 229.12, the chief medical officer of the facility where the respondent is hospitalized shall, prior to the hearing, submit to the clerk of the district court where the hearing is to be held, a report in writing listing all types of chemotherapy given for purposes of affecting the respondent's behavior or mental state during any period of custody authorized by Iowa Code section 229.4(3), 229.11 or 229.22. For each type of chemotherapy the report shall indicate either the chemotherapy was given with the consent of the patient or the patient's next of kin or guardian or the way the chemotherapy was "necessary to preserve the patient's life or to appropriately control behavior by the person which is likely to result in physical injury to that person or others if allowed to continue." The report shall also include the effect of the chemotherapy on the respondent's behavior or mental state. The clerk shall file the original report in the court file, advise the judge or referee and the respondent's attorney accordingly and provide a copy of the report to respondent's attorney if so requested.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.31 Outpatient treatment plan. If, pursuant to Iowa Code section 229.14(3), the chief medical officer determines that the patient is suited for outpatient care, the chief medical officer (or a designee) shall determine the specific care and treatment guidelines upon which the outpatient status will be based and shall discuss these guidelines with the patient. These written guidelines shall be known as the Outpatient Treatment Plan (O.T.P.). If the chief medical officer (or a designee) alleges that the O.T.P. has been breached, the judge or a judicial hospitalization referee shall hold a hearing as provided by Iowa Code sections 229.14(3) and 229.12 to determine whether the patient should be rehospitalized, whether the O.T.P. should be revised, or whether some other remedy should be ordered. The patient shall be given reasonable notice of such a hearing.

[Supreme Court Report 1982; amendment 1983; November 9, 2001, effective February 15, 2002]

Rules 12.32 to 12.35 Reserved.

Rule 12.36 Forms for involuntary hospitalization of mentally ill persons. Rule 12.36 — Form 1: Application Alleging Serious Mental Impairment Pursuant to Iowa Code Section 229.6.

IN THE IOWA DISTRICT COURT IN AND	FOR COUNTY, IOWA
	DATE:
	TIME:
IN THE MATTER OF:	No
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	APPLICATION ALLEGING SERIOUS MENTAL IMPAIRMENT PURSUANT TO IOWA CODE SECTION 229.6
Respondent.	
I, of mental impairment. In support thereof I state as follows:	(address), allege Respondent is suffering from serious
Based on the above facts, I believe Respondent is a dange emotional injury to persons who are unable to remove them:	er to himself or herself or others or may be causing serious selves from Respondent's presence.
Do you request the respondent be taken into immediate c	ustody? YesNo
Attached hereto is a written statement of a licensed physic	cian in support of this application.
Attached hereto is an affidavit corroborating these allegate	tions.
(Strike the one not applicable.)	
	Applicant
State of Iowa County	
I, the undersigned, do solemnly swear or affirm that the manaffixed, are true as stated, as I verily believe.	atters alleged in the above application, to which my name is
	Applicant
Subscribed and sworn to (or affirmed) before the undersig, 20	ned this day of
	Notary Public in and for the State of Iowa

Form 1 [Supreme Court Report 1979; amendment 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 2: Affidavit in Support of Application Alleging Serious Mental Impairment Pursuant to Iowa Code Section 229.6.

IN THE IOWA DISTRICT COURT IN	AND FOR	COUNTY, IOWA
IN THE MATTER OF:	No	
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	ALLEGING SERIO	UPPORT OF APPLICATION OUS MENTAL IMPAIRMENT OWA CODE SECTION 229.6
Respondent.		
I, of	(address), being first duly sv	worn on oath, depose and state that
am acquainted with Respondent who resides at	(Street)	(City)
County, Iowa and that I	believe the above named per	son is seriously mentally impaired.
In support thereof, I state as follows:		
Subscribed and sworn to before undersigned this _ 20	ć	lay of
	Notary Public in and for the	State of Iowa
	Clerk of Iowa District Cour	t

Form 2 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 3: Notice to Respondent Pursuant to Iowa Code Section 229.7.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 3 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; November 10, 2011, effective January 9, 2012; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 4: Order for Immediate Custody Pursuant to Iowa Code Section 229.11.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 4 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 5: Order Appointing Attorney Pursuant to Iowa Code Section 229.8.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 5 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 6: Application for Appointment of Counsel and Financial Statement.

IN THE IOWA DISTRICT COURT IN AND	FOR COUNTY, IOWA
IN THE MATTER OF:	No
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	APPLICATION FOR APPOINTMENT OF COUNSEL AND FINANCIAL STATEMENT
Respondent.	
Address	
Marital status	
Number and ages of dependents	
Business or employment	
Average weekly earnings	
Total income past 12 months	
Is respondent now in custody: YesNo l	If NO, is respondent working and at what salary:
Is spouse working: YesNo If so, nan	ne of employer and average weekly wage
Motor vehicles: List make, year, amount owing thereon, if	any, and how title is registered
List balance of bank accounts of respondent and spouse	
List all sources of income other than salary from employm	ent
Describe real estate owned, if any, and value thereof	
Total amount of debts:	
List on the reverse side hereof all other assets owned by re-	spondent, other than clothing and personal effects.
The foregoing statements are true to the best of my knowled of respondent's application for appointment of legal counsel to	lge, are made under penalty of perjury, and are made in support because respondent is financially unable to employ counsel.
Subscribed and sworn to before me this day	of
Nota	ary Public in and for the State of Iowa

Form 6 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 7: Appointment of Physician Pursuant to Iowa Code Section 229.8.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 7 [Supreme Court Report 1979; amendment 1981; Court Order April 3, 1996, effective July 1, 1996; November 9, 2001, effective February 15, 2002; August 6, 2007, effective October 15, 2007; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 8: Physician's Report of Examination Pursuant to Iowa Code Section 229.10(2).

	IN THE IOWA DISTRICT COURT IN ANI	FORCOUNTY,	IOWA
IN	THE MATTER OF:	No	
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED, Respondent.		PHYSICIAN'S REPORT OF EXAMINATION PURSUANT TO IOWA CODE SECTION 229.10(2)	
_	•		
DA	TE AND TIME OF EXAMINATION		
1.	Respondent's Name		
2.			
	(Street) (City or Town)	(County) (State)
3.	Date of Birth		
	(Day) (Mor		
4.	Place of Birth		
5.	Sex		
6.	Occupation		
7.	Marital Status		
8.	Number of Children, and Names		
9.	·		
	Address(Street) (City or Town)	(County) (State	<u> </u>
)
10.	Is this an examination under Iowa Code section 229.1	1?	
11.	Did a qualified mental health professional assist with this exam? If so, who?		
	(Please provide address.) If the professional's report	s written, please attach.	
12	In your judgement, is respondent mentally ill?		
12.	If so, state diagnosis and supporting facts:		
	is so, said diagross and supporting tuess		
13.	In your judgment is respondent capable of making respondent	onsible decisions with respect to hospitaliza	ation or treatment?
	If not, state supporting facts:		
14.	In your judgment, is the respondent treatable? If so, state diagnosis and supporting facts:		
15.	. In your judgment, would the respondent benefit from treatment?		

- 16. In your judgment, is the respondent likely to physically injure himself or herself or others?
 - (a) What overt acts have led you to conclude the respondent is likely to physically injure himself or herself or others?

Physician's Report of Examination Pursuant to Iowa Code Section 229.10(2) (cont'd)

respondent?
18. Can the respondent be evaluated on an out-patient basis? Basis for answer:
19. Can the respondent, without danger to self or others, be released to the custody of a relative or friend during the course of evaluation?
20. Is full-time hospitalization necessary for evaluation?
21. Does the respondent have a prior history of other physical or mental illness? If yes, please specify.
22. Was the patient medicated at the time of examination? If so, please supply the following information:
MEDICINE
DOSAGE
TIME
SignedPhysician
Address

Form 8 [Supreme Court Report 1979; amendment 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 9: Order for Continuance Pursuant to Iowa Code Section 229.10(4).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 9 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 10: Stipulation Pursuant to Iowa Code Section 229.12 and Iowa Ct. R. 12.19.

IN THE IOWA DISTRICT COURT IN AND	FOR COUNTY, IOWA
IN THE MATTER OF:	No
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	STIPULATION PURSUANT TO IOWA CODE SECTION 229.12 AND IOWA CT. R. 12.19
Respondent.	
impairment. (1) I have conversed with respondent about the hearing (date).	and the respondent's absence on ful contribution to the hearing. I base this judgment on the
SIG	NED
Res	pondent's Attorney

Form 10 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 11: Notice of Medication Pursuant to Iowa Code Section 229.12(1). IN THE IOWA DISTRICT COURT IN AND FOR COUNTY, IOWA	
IN THE MATTER OF:	No
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	NOTICE OF MEDICATION PURSUANT TO IOWA CODE SECTION 229.12(1)
Respondent.	
, phy	vsician, inform (Judge
	P.M. Referee) that the respondent was medicated at A.M
on	20
The medication will cause the following probable effective of the medication will cause the following probable effective or the medication will cause the following probable effective or the medication will cause the following probable effective or the medication will be a second or the medication of the medication will be a second or the medication of the medication will be a second or the medication of the medicati	ects:
The medication (may) (probably will not) affect respo	ndent's ability to understand the nature of these proceedings
SI	GNED
Ph	vsician

Form 11 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 12: Discharge and Termination of Proceeding Pursuant to Iowa Code Section 229.12.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 12 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 13: Findings of Fact and Order Pursuant to Iowa Code Section 229.13.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 13 [Supreme Court Report 1979; amendment 1981; November 9, 2001, effective February 15, 2002; November 10, 2011, effective January 9, 2012; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 14: Notice of Termination of Proceedings Pursuant to Iowa Code Section 229.21.

IN THE IOWA DISTRICT COURT IN ANI	O FORCOUNTY, IOWA
IN THE MATTER OF:	No
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED, Respondent.	NOTICE OF TERMINATION OF PROCEEDINGS PURSUANT TO IOWA CODE SECTION 229.21
Respondent.	
TO THE CHIEF JUDGE OF THE Please be advised that I have terminated the proceedings order entered, a copy of which is attached.	JUDICIAL DISTRICT OR DESIGNEE: in regard to the above Respondent for the reasons stated in the
Judi	icial Hospitalization Referee County, Iowa

Form 14 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 15: Notice of Order Pursuant to Iowa Code Section 229.21. IN THE IOWA DISTRICT COURT IN AND FOR COUNTY, IOWA IN THE MATTER OF: No. _____ ALLEGED TO BE SERIOUSLY NOTICE OF ORDER PURSUANT TO IOWA CODE MENTALLY IMPAIRED, **SECTION 229.21** Respondent. TO THE CHIEF JUDGE OF THE JUDICIAL DISTRICT OR DESIGNEE: Please be advised that I have issued an order regarding the above Respondent for the reasons stated in the order and findings of fact, copies of which are attached. DATE OF HOSPITALIZATION _____ Judicial Hospitalization Referee County, Iowa

Form 15 [Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 16: Application for Order for Extension of Time for Psychiatric Evaluation Pursuant to Iowa Code Section 229.13.

IN THE IOWA DISTRICT COURT IN AND I	FORCOUNTY, IOWA
	DATE
IN THE MATTER OF:	No
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	APPLICATION FOR ORDER FOR EXTENSION OF TIME FOR PSYCHIATRIC EVALUATION PURSUANT TO IOWA CODE SECTION 229.13
Respondent.	
I,, Chief Medical Officer of the request an extension of time not to exceed seven days in ord I request this extension because:	
I feel this extension is in Respondent's best interests.	
Chief Facili	Medical Officer

Form 16 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 17: Order Re: Extension of Time Pursuant to Iowa Code Section 229.13.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 17 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 18: Chief Medical Officer's Report of Psychiatric Evaluation Pursuant to Iowa Code Section 229.14.

IN THE IOWA DISTRICT COURT IN AND FO		ORCOUNTY, IOWA		
IN THE MATTER OF: Respondent.		No		
		CHIEF MEDICAL OFFICER'S REPORT OF PSYCHIATRIC EVALUATION PURSUANT TO IOWA CODE SECTION 229.14		
DA	TE AND TIME OF EVALUATION			
1.	Treatment that respondent has received during the prese	nt hearing and evaluation period.		
2.	Chemotherapy respondent has received: Attachment 1 which is incorporated as part of this report lists all types of chemotherapy given at this hospital to the respondent for purposes of affecting the patient's behavior or mental state, along with the effect on the respondent's behavior or mental state.			
3.	Have there been previous psychiatric illnesses? If so, give approximate dates:			
	Was hospitalization or treatment necessary? If so, give place, date, length of stay, condition on discharge:			
4.	Has the respondent any other disease or injury at presen If so, specify:	?		
5.	Respondent's past medical history.			
6.	Is respondent suffering from any transmissible disease or has respondent been exposed to such a disease within the past three weeks? If so, specify:			
7.	Is there a family history of mental illness, or mental deficiency, or convulsive disorder? If so, give names, relationship and type of disorder:			
8.	In your judgment is respondent mentally ill? If so, state diagnosis and supporting facts:			
9.	In your judgment is respondent capable of making responsible decisions with respect to hospitalization or treatment of not, state supporting facts:			
10.	In your judgment, is the respondent treatable?			
11	In view independent is the resement dent likely to injure himse	-16 1164h9		

- 11. In your judgment, is the respondent likely to injure himself or herself or others?
 - (a) What overt acts have led you to conclude the respondent is likely to physically injure himself or herself or others?

Chief Medical Officer's Report of Psychiatric Evaluation Pursuant to Iowa Code Section 229.14 (cont'd)

12. In your judgment, is the respondent likely to inflict severe emotional injury on those unable to avoid contact with the respondent?

13. PROPOSED TREATMENT.

Please state one of the four alternative findings contained in Iowa Code section 229.14:*

- A. If respondent does not require full-time hospitalization, please state your recommendation for treatment on an out-patient or other appropriate basis:
- B. If respondent is in need of full-time custody and care but is unlikely to benefit from further treatment in a hospital, please recommend an alternative placement:
- C. Other:
- 14. State facts and reasons supporting your judgment that the recommended course of treatment is the least restrictive, effective treatment for this patient:

Signed_		
Address		

- *1. That the respondent does not, as of the date of the report, require further treatment for serious mental impairment. (Iowa Code section 229.14(1))
- 2. That the respondent is seriously mentally impaired and in need of full-time custody, care and treatment in a hospital, and is considered likely to benefit from treatment. (Iowa Code section 229.14(2))
- That the respondent is seriously mentally impaired and in need of treatment, but does not require full-time hospitalization. (Iowa Code section 229.14(3))
- 4. That the respondent is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from further treatment in a hospital. (Iowa Code section 229.14(4))

Form 18 [Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 19: Chief Medical Officer's Periodic Report Pursuant to Iowa Code Section 229.15(1).

	IN THE IOWA DISTRICT COURT IN AND	FORCOUNTY, IOWA
IN	THE MATTER OF:	No
Res	spondent.	CHIEF MEDICAL OFFICER'S PERIODIC REPORT PURSUANT TO IOWA CODE SECTION 229.15(1)
1.	An order for continued hospitalization of the responder, 20	nt at this hospital was entered
2.	Attachment 1 which is incorporated as part of this repo	ort lists all types of chemotherapy given at this hospital to the avior or mental state since the last report to the court, along I state.
3.	In my opinion, the patient's condition (has improved)	(remains unchanged) (has deteriorated).
4. Check one box.		
	☐ (a) Respondent was tentatively discharged on	, 20, pursuant to Iowa Code section no longer requires treatment or care for serious mental
	☐ (b) Respondent was transferred to, pursuant to Iowa Code section 229.1 respondent. (See EXPLANATION below.)	on, 15(4) because in my opinion it is in the best interest of the
	(c) Respondent was placed on leave on	, 20, pursuant to Iowa Code section at interest of the patient. Patient was instructed to return on ANATION below.)
	\square (d) Respondent continues to be hospitalized in this	hospital.
EX	PLANATION:	
Ίf '	4(a) is applicable, skip items 5 through 8.)	
5.	In my opinion the following subsection of Iowa Code	section 229.14 is applicable (check one box):
		in need of full-time custody, care and treatment in a hospital ent. (See EXPLANATION under item 7 below.)
	(b) Respondent is seriously mentally impaired a hospitalization. (For treatment recommendation	nd in need of treatment, but does not require full-time is, see RECOMMENDATIONS below.)
	☐ (c) Respondent is seriously mentally impaired and benefit from further treatment in a hospita RECOMMENDATIONS below.)	d in need of full-time custody and care, but is unlikely to l. (For recommendations of alternate placement, see

RECOMMENDATIONS:

Chie	ef Medical Officer's Periodic Report Pursuant to Iowa Code Section 229.15(1) (cont'd)		
(If 5	5 (b) or (c) is applicable, skip items 6 and 7.)		
6.	I estimate that the further length of time the respondent will be required to remain in the hospital to be (not possible to be determined) (days).		
7.	I recommend (check one box):		
	\square (a) the respondent remain in this hospital. (See EXPLANATION below.)		
	☐ (b) the respondent be transferred to or another hospital. (See EXPLANATION below.)		
	\square (c) the respondent remain in the hospital to which the respondent has already been transferred. (See EXPLANATION under item 4 above.)		
	(d) the patient remain on leave until the date specified for return in item 4 (c) above. (See EXPLANATION under item 4 above.)		
	\square (e) the patient be placed on leave until, 20 (See EXPLANATION below.)		
EXI	PLANATION:		
8.	If continued hospitalization is recommended, state the reasons that in your judgment the recommended course of treatment is the least restrictive, effective treatment for this patient:		
	Signed		
	Hospital		

Form 19 [Supreme Court Report 1980; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 20: Periodic Report Pursuant to Iowa Code Section 229.15(2).

	IN THE IOWA DISTRICT COURT IN AND	FOR COUNTY, IOWA	
IN THE MATTER OF: Respondent.		No	
		PERIODIC REPORT PURSUANT TO IOWA CODE SECTION 229.15(2)	
1.	An order for treatment of the respondent on an outpatient or other appropriate basis at this facility was enterpropriate basis at this facility was enterpropriate.		
2.	Attachment 1 which is incorporated as part of this report lists all types of chemotherapy given to or prescribed for the respondent at this facility for purposes of affecting the patient's behavior or mental state since the last report to the court, along with the effect on the respondent's behavior or mental state.		
3.	In my opinion, the patient's condition (has improved) (remains unchanged) (has deteriorated).		
4. Check one box.			
	(a) Respondent was tentatively discharged on, 20, pursuant to Iow Code section 229.16 because in my opinion the respondent no longer requires treatment or care for seriou mental impairment. (See EXPLANATION below.)		
☐ (b) Respondent is failing or refusing to submit to treatment as ordered by the court and, in my opinion, has shown good cause. (See EXPLANATION below.)			
	\square (c) Respondent is in treatment as directed by the or	der of the court. (See EXPLANATION below.)	
EX	PLANATION:		
(If ·	4 (a) is applicable, skip items 5 through 7.)		
5.	In my opinion the following subsection of Iowa Code	section 229.14 is applicable (check one box):	
	(a) Respondent is seriously mentally impaired and is and is considered likely to benefit from treatment	n need of full-time custody, care and treatment in a hospital nt. (See EXPLANATION below.)	
	☐ (b) Respondent is seriously mentally impaired and in (See EXPLANATION below.)	n need of treatment, but can continue in outpatient treatment.	
		need of full-time custody and care, but is unlikely to benefit tion of alternate placement, see EXPLANATION below.)	
EX	PLANATION:		
(If :	5 (a) or (c) is applicable, skip item 6.)		
6.	I estimate that the further length of time the respondent facility to be (not possible to be determined) (will require outpatient or other appropriate treatment at this days).	

Periodic Report Pursuant to Iowa Code Section 229.15(2) (cont'd)

7.	If inpatient hospitalization is recommended, state the reasons that in your judgment the recommended course of
	treatment is the least restrictive, effective treatment for this patient.

Signed		
_	(Provide name and title of person submitting report)	
Facility		

Form 20 [Supreme Court Report 1980; November 9, 2001, effective February 15, 2002; October 1, 2008, effective December 15, 2008]

Rule 12.36 — Form 21: Periodic Report Pursuant to Iowa Code Section 229.15(3). (Alternate Placement)

	IN THE IOWA DISTRICT COURT IN AND	FOR COUNTY, IOWA	
IN THE MATTER OF: , Respondent.		No	
		PERIODIC REPORT PURSUANT TO IOWA CODE SECTION 229.15(3) (ALTERNATE PLACEMENT)	
1.	An order for continued placement of the respondent at	this facility was entered, 20	
2.	2. Attachment 1 which is incorporated as part of this report lists all types of chemotherapy given at this facility to respondent for purposes of affecting the patient's behavior or mental state since the last report to the court, alwith the effect on the respondent's behavior or mental state.		
3.	In my opinion, the patient's condition (has improved) (remains unchanged) (has deteriorated). Additional information concerning the patient's condition and prognosis is provided below:		
4.	Check one box.		
	(a) Respondent was tentatively discharged on		
	\square (b) Respondent continues to be in the custody of this facility.		
EX	PLANATION:		
(If	4 (a) is applicable, skip items 5 and 6.)		
5.	In my opinion the following subsection of Iowa Code	section 229.14 is applicable (check one box):	
	\square (a) Respondent is seriously mentally impaired and i and is considered likely to benefit from treatmet	n need of full-time custody, care and treatment in a hospital ent. (See RECOMMENDATIONS below.)	
	☐ (b) Respondent is seriously mentally impaired a hospitalization. (See RECOMMENDATIONS	nd in need of treatment, but does not require full-time below.)	
		n need of full-time custody and care, but is unlikely to benefit COMMENDATIONS below, which recommend continued (.)	
RE	COMMENDATIONS:		
(If	5 (b) is applicable, skip item 6.)		
6.		ns that in your judgment the recommended course of treatment If placement in a facility other than a hospital is recommended, s unlikely to benefit from treatment in a hospital.	
	Sign	ed	
		ity	

Form 21 [Supreme Court Report 1980; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 22: Notice of Chief Medical Officer's Report or Application Pursuant to Iowa Code Section 229.13.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 22 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 23: Order After Evaluation Pursuant to Iowa Code Section 229.14.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 23 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 24: Notice of Appeal From the Findings of the Judicial Hospitalization Referee.

IN THE I	OWA DISTRICT COURT IN ANI	O FOR COUNTY, IOWA
IN THE MATTER OF	:	No
ALLEGED TO BE SE MENTALLY IMPAIR		NOTICE OF APPEAL FROM THE FINDINGS OF THE JUDICIAL HOSPITALIZATION REFEREE
Respondent.		
TO:	, JUDGE OF THE	JUDICIAL DISTRICT OF IOWA AND
	, CLERK OF THE DISTRIC	T COURT:
The undersigned her that Respondent is serie and For	reby appeals the findings of ous mentally impaired and requests a County, Iowa, all pursuar	Judicial Hospitalization Referee, review of the matter by a Judge of the Iowa District Court In at to Iowa Code section 229.21.
Dated the	day of	, 20
	SIG	NED
	(Re	spondent, Next Friend, Guardian, Attorney)

Form 24 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 25: Attorney's Report and Request for Withdrawal Pursuant to Iowa Code Section 229.19.

IN THE IOWA DISTRICT COU	RT IN AND FOR	COUNTY, IOWA
IN THE MATTER OF:	No.	
		NEY'S REPORT AND REQUEST
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	FOR V	WITHDRAWAL PURSUANT TO WA CODE SECTION 229.19
Respondent.		
COMES NOW,	, a regularly practici	ing attorney of
After having been employed or appointed to Respondent, I interviewed respondent, attended reports thereof, examined any hospital reports	o represent if the hearing on the applicat available, and examined the	the above named, the attending physician or the witnesses who appeared at the hearing:
It is my opinion that there is no further need	of legal services at this tim	ie.
I hereby request to be allowed to withdraw	as attorney for the above-na	med Respondent.
	Name:	
	Address:	
	City:	
	Phone No.:	
	ATTORNEY FOR	RESPONDENT
On this day of,	as attorney for respondent,	was considered by the undersigned and is
hereby approved. Said counsel is hereby releas viously appointed)		
	Judge of the	Judicial
	District of Iowa or	
	Judicial Hospitaliza	ation Referee

Form 25 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Judicial

Rule 12.36 — Form 26: Claim for Attorney or Physician's Fees Order and Certificate. IN THE IOWA DISTRICT COURT IN AND FOR IN THE MATTER OF: No. ____ ALLEGED TO BE SERIOUSLY **CLAIM FOR ATTORNEY** OR PHYSICIAN'S FEES MENTALLY IMPAIRED, ORDER AND CERTIFICATE Respondent. COUNTY, ss: STATE OF IOWA, The undersigned (attorney) (physician), being first duly sworn (or affirmed), states that he/she was appointed by the (Court) (Judicial Hospitalization Referee) to (defend) (examine) the above-named respondent, alleged to be seriously mentally impaired, pursuant to Iowa Code section 229.8; that services have been completed by this claimant as set forth on the attached itemized statement and that this claimant has not directly, or indirectly, received, or entered into a contract to receive, any compensation for such services from any sources. WHEREFORE, this claimant prays for an order to be compensated in accordance with the provisions of Iowa Code section 229.8. Claimant P.O. Address Subscribed and sworn to (or affirmed) before me this day of , 20 ____. Clerk of said District (or) Notary Public In and For said County ORDER The foregoing verified claim has been duly considered, is fixed and approved in the sum of \$ and ordered paid out of the county treasury. The Clerk is directed to certify a copy of above claim and this order to the County Auditor for payment to claimant, as provided by statute. Dated this ______ day of _______, 20 _____.

Judge of the

District of Iowa or

Judicial Hospitalization Referee

Claim for Attorney or Physician's Fees Order and Certificate (cont'd)

	CERTIFICATE	
The above is a true copy of for payment.	claim and order as appears of record in	my office and is hereby certified to County Auditor
Dated this	day of	, 20
	(Deputy) Clo	erk of Said Court

Form 26 [Supreme Court Report 1979; amendment 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 27: Order of Detention Pursuant to Iowa Code Section 229.22(2).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 27 [Supreme Court Report 1979; amendment 1980; amendment 1981; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 28: Magistrate's Report Pursuant to Iowa Code Section 229.22(2)(a).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 28 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 29: Emergency Hospitalization Order Pursuant to Iowa Code Section 229.22, Subsections (3) and (4).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 29 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 30: Quarterly Report of Patient Advocate Pursuant to Iowa Code Section 229.19(6).

IN THE IOWA DISTRICT COURT IN AND	FOR COUNTY, IOWA	
IN THE MATTER OF:	No	
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	QUARTERLY REPORT OF PATIENT ADVOCATE PURSUANT TO IOWA CODE SECTION 229.19(6)	
Respondent.		
Date		
Date of last previous report (if one)		
Date of respondent's commitment		
s respondent still committed If not, date of release		
Actions I have taken with respect to the above-named respondent since (I became the patient's advocame to the patient to the	spondent and the amount of time I have spent regarding the ocate) (the last report was filed):	
Action Taken	Time Spent	
Other comments:	Total Time Spent:	
Patie	nt Advocate	

Form 30 [Supreme Court Report 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 31: Notice to Patient of Name of Advocate Pursuant to Iowa Code Section 229.19.

IN THE IOWA DISTRICT COURT IN AN	ID FOR COUNTY, IOWA
IN THE MATTER OF:	No
ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,	NOTICE TO PATIENT OF NAME OF ADVOCATE PURSUANT TO IOWA CODE SECTION 229.19
Respondent.	
To:	
You are hereby notified that	
	nunicating with you and representing your interests in any mat
	Clerk of District Court

Form 31 [Supreme Court Report 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 32: Notice to Respondent Pursuant to Iowa Code Section 229.14(2)(d).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 32 [Supreme Court Report 1982; November 9, 2001, effective February 15, 2002; March 9, 2009, effective May 11, 2009; May 22, 2019, effective September 3, 2019]

Rule 12.36 — Form 33: Hospitalization Order Pursuant to Iowa Code Section 229.14(2)(d).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 33 [Supreme Court Report 1982; November 9, 2001, effective February 15, 2002; March 9, 2009, effective May 11, 2009; May 22, 2019, effective September 3, 2019]

CHAPTER 13

RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT OF PERSONS WITH SUBSTANCE-RELATED DISORDERS

Rule 13.1	Application —	forms obtained from clerk	
Rule 13.2	Termination of proceedings — insufficient grounds		
Rule 13.3	Notice to respondent — requirements		
Rule 13.4	Notice requirement — waiver		
Rule 13.5	Hearings — continuance		
Rule 13.6	Attorney confe	erence with respondent — location — transportation	
Rule 13.7	Service, other	than personal	
Rule 13.8	Return of serv	ice	
Rule 13.9	Amendment of	f proof of service	
Rule 13.10	Attorney evide	ence and argument — predetermination	
Rule 13.11	Attorney evide	ence and argument — after confinement	
Rule 13.12	Examination re	eport to attorney	
Rule 13.13	Physician's rep	port	
Rule 13.14	Probable cause	e to injure	
Rule 13.15	Hearing — cor	unty location	
Rule 13.16	Hearing — loc	ation at hospital or treatment facility	
Rule 13.17	Respondent's r	rights explained before hearing	
Rule 13.18	Subpoenas		
Rule 13.19	Presence at hea	aring — exceptions	
Rule 13.20	Hearing — ele	ectronic recording	
Rule 13.21		county of confinement	
Rule 13.22	Evaluation and	l treatment	
Rule 13.23	Evaluation —	time extension	
Rule 13.24	Evaluation rep	ort	
Rule 13.25	Reports issued		
Rule 13.26	Clerk's filing s		
Rule 13.27	Emergency detention — magistrate's approval		
Rule 13.28		tention — attending physician absent from facility	
Rule 13.29	Attorney appoi		
Rule 13.30	Chemotherapy		
Rules 13.31 to 13.34	Reserved	1	
Rule 13.35		voluntary Commitment or Treatment of Persons with	
		Related Disorders	
	Form 1:	Application Alleging Substance-Related Disorder	
		Pursuant to Iowa Code Section 125.75	
	Form 2:	Affidavit in Support of Application Alleging	
		Substance-Related Disorder Pursuant to Iowa Code	
		Section 125.75	
	Form 3:	Notice to Respondent Pursuant to Iowa Code Section	
	1 01111 01	125.77	
		Removed from chapter by court order May 22, 2019,	
		effective September 3, 2019.	
	Form 4:	Order for Immediate Custody Pursuant to Iowa Code	
	TOIIII 7.	Section 125.81	
		Removed from chapter by court order May 22, 2019,	
	E 5.	effective September 3, 2019.	
	Form 5:	Application for Appointment of Respondent's Counsel	
	E (-	and Financial Statement	
	Form 6:	Order Appointing Respondent's Attorney Pursuant to	
		Iowa Code Section 125.78	
		Removed from chapter by court order May 22, 2019,	
		effective September 3, 2019.	

Form 7: Application for Appointment of Applicant's Counsel and Financial Statement Pursuant to Iowa Code Section Form 8: Order Appointing Applicant's Attorney Pursuant to Iowa Code Section 125.78(2) Removed from chapter by court order May 22, 2019, effective September 3, 2019. Form 9: Appointment of Physician Pursuant to Iowa Code Section 125.78 Removed from chapter by court order May 22, 2019, effective September 3, 2019. Physician's Report of Examination Pursuant to Iowa Form 10: Code Section 125.80 Form 11: Order for Continuance Pursuant to Iowa Code Section 125.80(4) Removed from chapter by court order May 22, 2019, effective September 3, 2019. Form 12: Stipulation Pursuant to Iowa Code Section 125.82 and Rule 13.19 Form 13: Notice of Medication Pursuant to Iowa Code Section 125.82(1) Form 14: Discharge and Termination of Proceedings Pursuant to Iowa Code Section 125.82(4) Removed from chapter by court order May 22, 2019, effective September 3, 2019. Findings of Fact and Order Pursuant to Iowa Code Form 15: **Section 125.83** Removed from chapter by court order May 22, 2019, effective September 3, 2019. Application for Order for Extension of Time for Form 16: Evaluation Pursuant to Iowa Code Section 125.83 Order for Extension of Time Pursuant to Iowa Code Form 17: Section 125.83 Removed from chapter by court order May 22, 2019, effective September 3, 2019. Form 18: Report of the Attending Physician's Substance-Related Disorder Evaluation Pursuant to Iowa Code Section 125.84 Form 19: Periodic Report Pursuant to Iowa Code Section 125.86(1) Form 20: Periodic Report Pursuant to Iowa Code Section 125.86(2) Form 21: Notice of Facility Administrator's Request for Extension of Time Pursuant to Iowa Code Section 125.83 Removed from chapter by court order May 22, 2019, effective September 3, 2019. 125.84

Order After Evaluation Pursuant to Iowa Code Section Form 22:

> Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 23: Report of Respondent's Discharge Pursuant to Iowa Code Section 125.85(4)

Order Confirming Respondent's Discharge Form 24: Terminating Proceedings Pursuant to Iowa Code Section 125.85(4)

> Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Notice of Appeal From the Findings of the Judicial Form 25: Hospitalization Referee

Form 26: Claim, Order, and Certificate for Attorney or Physician's

Form 27: Authorization of Detention Pursuant to Iowa Code Section 125.91(2)

Magistrate's Report Pursuant to Iowa Code Section

Form 28: 125.91(2)(b)

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Form 29: Magistrate's Order of Detention Pursuant to Iowa Code

Section 125.91(3)

Removed from chapter by court order May 22, 2019,

effective September 3, 2019.

CHAPTER 13 RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT OF PERSONS WITH SUBSTANCE-RELATED DISORDERS

Rule 13.1 Application — forms obtained from clerk. A form for application seeking the involuntary commitment or treatment of any person on grounds of substance-related disorder may be obtained from the clerk of court in the county in which the person whose commitment is sought resides or is presently located. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for substance-related disorder and who has sufficient association with or knowledge about that person to provide the information required on the face of the application and under Iowa Code section 125.75. The clerk or clerk's designee shall provide the forms required by Iowa Code section 125.75 to the person who desires to file the application for involuntary commitment. The clerk shall see that all the information required by Iowa Code section 125.75 accompanies the application.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.2 Termination of proceedings — insufficient grounds. If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's substance misuse appear on the face of the application and supporting documentation, the judge or referee shall order the proceedings terminated and so notify the applicant. All papers and records pertaining to terminated proceedings shall be confidential and subject to the provisions of Iowa Code section 125.93.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.3 Notice to respondent — requirements.

- 13.3(1) If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's substance misuse appear on the face of the application and supporting documentation, the sheriff or sheriff's deputy shall immediately serve notice, personally and not by substitution, on the respondent. Pursuant to Iowa Code section 125.79, notice also shall be served on respondent's attorney as soon as the attorney is identified or appointed by the judge or referee.
- **13.3(2)** If the respondent is to be taken into immediate custody pursuant to Iowa Code section 125.81, the notice shall include a copy of the order required by Iowa Code section 125.81 and rule 13.14.
- **13.3(3)** The notice of procedures required under Iowa Code section 125.77 shall inform the respondent of the following:
 - a. Respondent's immediate right to counsel, at public expense if necessary.
- b. Respondent's right to request an examination by a physician of the respondent's choosing, at public expense if necessary.
 - c. Respondent's right to be present at the hearing.
- d. Respondent's right to a hearing within five days if the respondent is taken into immediate custody pursuant to Iowa Code section 125.81.
- e. Respondent's right not to be forced to hearing sooner than 48 hours after notice, unless respondent waives such minimum prior notice requirement.
 - f. Respondent's duty to remain in the jurisdiction and the consequences of an attempt to leave.
- g. Respondent's duty to submit to examination by a physician appointed by the court. [Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]
- **Rule 13.4 Notice requirement** waiver. The respondent may waive the minimum prior notice requirement only in writing and only if the judge or referee determines that the respondent's best interests will not be harmed by such waiver.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.5 Hearings — continuance. At the request of the respondent or respondent's attorney, the hearing provided in Iowa Code section 125.82 may be continued beyond the statutory limit so that the respondent's attorney has adequate time to prepare respondent's case. In such instances custody pursuant to Iowa Code section 125.81 may be extended by court order until the hearing is held. The continuance shall be no longer than five days beyond the statutory limit. The granting of a

continuance shall not prevent the facility from making application to the court for an earlier release of the respondent from custody.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.6 Attorney conference with respondent — location — transportation. If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 125.81, the respondent's attorney may apply to the judge or referee for an opportunity to confer with the respondent, in a place other than the place of confinement, in advance of the hearing provided for in Iowa Code section 125.82. The order shall provide for transportation and the type of custody and responsibility therefor during the period the respondent is away from the place of confinement under this rule.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.7 Service, other than personal. If personal service as defined in rule 13.3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.8 Return of service. Returns of service of notice shall be made as provided in Iowa R. Civ. P. 1.308.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.9 Amendment of proof of service. Amendment of process or proof of service shall be allowed in the manner provided in Iowa R. Civ. P. 1.309. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.10 Attorney evidence and argument — predetermination. If practicable the court should allow the respondent's attorney to present evidence and argument prior to the court's determination under Iowa Code section 125.81.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.11 Attorney evidence and argument — after confinement. If the respondent's attorney is not afforded an opportunity to present evidence and argument prior to the court's determination under Iowa Code section 125.81, the attorney shall be entitled to do so after the determination during the course of respondent's confinement pursuant to an order issued under that section. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.12 Examination report to attorney. The clerk shall furnish the respondent's attorney with a copy of the examination report filed pursuant to Iowa Code section 125.80(2), as soon as possible after receipt. In ruling on any request for an extension of time under Iowa Code section 125.80(4), the court shall consider the time available to the respondent's attorney after receipt of the examination report to prepare for the hearing and to prepare responses from physicians engaged by respondent, where relevant. Respondent's attorney shall promptly file a copy of a report of any physician who has examined respondent and whose evidence the attorney expects to use at the hearing. The clerk shall provide the court and the county attorney with a copy thereof when filed. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.13 Physician's report. The court-designated physician shall submit a written report of the examination as required by Iowa Code section 125.80(2) on the form designated for use by the supreme court. The report shall contain the following information, or as much thereof as is available to the physician making the report:

- (1) Respondent's name;
- (2) Address;
- (3) Date of birth;
- (4) Place of birth;
- (5) Sex;
- (6) Occupation;
- (7) Marital status;
- (8) Number of children, and names;

- (9) Nearest relative's name, relationship, and address; and
- (10) The physician's diagnosis and recommendations, with a detailed statement of the observations or medical history which led to the diagnosis.

 [Report 1984; November 9, 2001, effective February 15, 2002]
- **Rule 13.14 Probable cause to injure.** The judge's or referee's order for respondent's immediate custody under Iowa Code section 125.81 shall include a finding of probable cause to believe that the respondent is a person with a substance-related disorder and is likely to inflict self-injury or injure others if allowed to remain at liberty.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

- Rule 13.15 Hearing county location. The hearing provided in Iowa Code section 125.82 shall be held in the county where the application was filed, unless the judge or referee finds that the best interests of the respondent would be served by transferring the proceedings to a different location. [Report 1984; November 9, 2001, effective February 15, 2002]
- Rule 13.16 Hearing location at hospital or treatment facility. The hearing required by Iowa Code section 125.82 may be held at a hospital or other treatment facility, provided that a proper room is available and that such a location would not be detrimental to the best interests of respondent. [Report 1984; November 9, 2001, effective February 15, 2002]
- Rule 13.17 Respondent's rights explained before hearing. Respondent's attorney shall explain to respondent the respondent's rights and the possible consequences of the proceedings. Prior to the commencement of the hearing under Iowa Code section 125.82, the judge or referee shall ascertain whether the respondent has been so informed.

 [Report 1984; November 9, 2001, effective February 15, 2002]
- **Rule 13.18 Subpoenas.** Subpoena power shall be available to all parties participating in the proceedings, and subpoenas or other investigative demands may be enforced by the judge or referee. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.19 Presence at hearing — exceptions.

- 13.19(1) The applicant and any physician or mental health professional who has examined respondent in connection with the commitment proceedings must be present at the hearing conducted under Iowa Code section 125.82, unless their presence is waived by the respondent's attorney, the judge or referee finds that their presence is not necessary, or their testimony can be taken through telephonic means and the respondent's attorney does not object.
- 13.19(2) The respondent must be present at the hearing unless prior to the hearing the respondent's attorney stipulates in writing to respondent's absence. Such stipulation shall state that the attorney has conversed with the respondent, that in the attorney's judgment the respondent can make no meaningful contribution to the hearing or has waived the right to be present, and the basis for such conclusions. A stipulation to the respondent's absence shall be reviewed by the judge or referee before the hearing, and shall be rejected if it appears that insufficient grounds are stated or that the respondent's interests would not be served by respondent's absence.

[Report 1984; October 11, 1991, effective January 2, 1992; November 9, 2001, effective February 15, 2002]

- **Rule 13.20 Hearing electronic recording.** An electronic recording or other verbatim record of the hearing provided in Iowa Code section 125.82 shall be made and retained for three years or until the respondent has been discharged from involuntary custody for 90 days, whichever is longer. [Report 1984; November 9, 2001, effective February 15, 2002]
- **Rule 13.21 Transfer from county of confinement.** If the respondent is in custody in another county prior to the hearing provided in Iowa Code section 125.82, respondent's attorney may request that the respondent be delivered to the county in which the hearing will be held sufficiently prior thereto to facilitate preparation by respondent's attorney. Such requests shall not be denied unless they are unreasonable and the denial would not harm respondent's interests in representation by counsel. This

rule does not authorize permanent transfer of the respondent to another facility without conformance to appropriate statutory procedures.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.22 Evaluation and treatment. If, upon hearing, the court finds respondent to be a person with a substance-related disorder, evaluation and treatment shall proceed as set out in Iowa Code section 125.83.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.23 Evaluation — time extension. Pursuant to Iowa Code section 125.83, the facility administrator may request a seven-day extension of time for further evaluation by filing a written application with the clerk of court in the county in which the hearing was held. The application shall contain a statement by the facility administrator or the administrator's designee identifying with reasonable particularity the basis of the request for extension. The clerk shall immediately notify the respondent's attorney of the request by furnishing a copy of the application. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.24 Evaluation report. The facility administrator's report under Iowa Code section 125.84 shall include a written evaluation of the respondent by the attending physician or the physician's designee. The evaluation must state with reasonable particularity the basis for the diagnostic conclusions concerning the respondent's substance misuse and recommended treatment. The evaluation shall specify the basis for the attending physician's conclusions regarding respondent's substance misuse, capacity to understand the need for treatment, and dangerousness. The evaluation also shall specify the basis for the attending physician's conclusions concerning recommended treatment and the basis for the judgment that the recommended treatment is the least restrictive alternative possible for the respondent pursuant to options (1), (2), (3), or (4) of Iowa Code section 125.84.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.25 Reports issued by clerk. The clerk shall promptly furnish to the respondent's attorney copies of all reports issued under Iowa Code section 125.86. Such reports shall comply substantially with the requirements of rule 13.24.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.26 Clerk's filing system. The clerk shall institute an orderly system for filing periodic reports required under Iowa Code section 125.86 and shall monitor the reports to ascertain when a report is overdue. If a report is not filed when due, the clerk shall notify the administrator of the treatment facility.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.27 Emergency detention — magistrate's approval. If the magistrate cannot immediately proceed to the facility where a person is detained pursuant to Iowa Code section 125.91, the magistrate shall verbally communicate approval or disapproval of the detention. Such communication shall be duly noted by the administrator of the facility on the form prescribed by this chapter. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.28 Emergency detention — attending physician absent from facility. If the facility to which the respondent is delivered pursuant to Iowa Code section 125.91 lacks an attending physician, the person then in charge of the facility shall immediately notify a physician whenever treatment appears necessary to protect the respondent. The person in charge of the facility shall then immediately notify the magistrate.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.29 Attorney appointed. As soon as practicable after the respondent's delivery to a facility under Iowa Code section 125.91, the magistrate shall identify or appoint an attorney for the respondent and shall immediately notify such attorney of respondent's emergency detention. If counsel can be identified at the time of respondent's arrival at a facility, or if legal services are available through

a legal aid or public defender office, the magistrate must immediately notify such counsel. Such counsel shall be afforded an opportunity to interview the respondent before or after the magistrate's order is issued.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.30 Chemotherapy procedure. When chemotherapy has been instituted prior to a hearing under Iowa Code section 125.82, the attending physician of the facility where the respondent is hospitalized shall, prior to the hearing, submit to the clerk of the district court where the hearing is to be held, a report in writing. The report shall identify all types of chemotherapy given and shall specify which were administered to affect the respondent's behavior or mental state during any period of custody authorized by Iowa Code section 125.81 or 125.91. For each type of chemotherapy the report shall indicate that the chemotherapy was given with the consent of the respondent or the respondent's next of kin or guardian or, if not, that the chemotherapy was necessary to preserve the respondent's life or to appropriately control respondent's behavior in order to avoid physical injury to the respondent or others. The report shall also include the effect of the chemotherapy on the respondent's behavior or mental state. The clerk shall file the original report in the court file, advise the judge or referee and the respondent's attorney accordingly, and provide a copy of the report to respondent's attorney.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rules 13.31 to **13.34** Reserved.

Rule 13.35 Forms for Involuntary Commitment or Treatment of Persons with Substance-Related Disorders.

Rule 13.35 — Form 1: Application Alleging Substance-Related Disorder Pursuant to Iowa Code Section 125.75.

In the Iowa District Court fo	or County	
In the Matter of: Alleged to be a Person with a Substance-Related Disorder	NoApplication Alleging Substance- Related Disorder Pursuant To Iowa Code Section 125.75	
Respondent.		
I,, of		
Based on the above facts, I believe respondent is a danger to himself or herself or others. Do you request the Respondent be taken into immediate custody? Yes □ No □ □ Attached hereto is a written statement of a licensed physician in support of this application. □ Attached hereto is an affidavit corroborating these allegations.		
	Applicant	
State of Iowa County ss:		
I, the undersigned, do solemnly swear or affirm that which my name is affixed, are true as stated, as I versions of the state of the st		
	Applicant	
Subscribed and sworn to (or affirmed) before the u 20	undersigned this day of,	
	Clerk of District Court (or) Notary Public in and for the State of Iowa	

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.35 — Form 2: Affidavit in Support of Application Alleging Substance-Related Disorder Pursuant to Iowa Code Section 125.75.

In the Io	wa District Court fo	orCounty
In the Matter of: Alleged to be a Person with a Substance-Related Disorder		No Affidavit in Support of Application Alleging Substance-related Disorder Pursuant to Iowa Code Section 125.75
Respondent.		
I.	, of	, being first duly (address)
sworn on oath, depose and state (street)	te that I am acquain	(address) ted with Respondent who resides at (county) ith a substance-related disorder.
In support thereof, I state as fo	llows:	
	By_{-}	
Subscribed and sworn to (or af	,	andersigned thisday of
		of District Court Notary Public in and for the State of Iowa

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.35 — Form 3: Notice to Respondent Pursuant to Iowa Code Section 125.77.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; May 22, 2019, effective September 3, 2019]

Rule 13.35 — Form 4: Order for Immediate Custody Pursuant to Iowa Code Section 125.81.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; May 22, 2019, effective September 3, 2019]

Rule 13.35 — Form 5: Application for Appointment of Respondent's Counsel and Financial Statement.

In the Iowa District Court for	orCounty
In the Matter of:	NoApplication for Appointment of
Alleged to be a Person with a Substance-Related Disorder	Respondent's Counsel and Financial Statement
Respondent.	
(next friend) or (guardian) herein, and I request th	say that I am (Respondent) (Respondent's spouse) are court to appoint counsel to represent tement relating to Respondent's financial affairs is
Name:	
Address:	
Marital Status:	
Number and age of dependents:	
Business or employment:	
Average weekly earnings:	
Total income past 12 months:	
Is Respondent now in custody: Yes □ No □ salary? Yes □ No □	
Is spouse working: Yes \square No \square If yes, nan	ne of employer and average weekly earnings:
Motor vehicles: List make, year, amount owing	g thereon, if any, and how title is registered.
List balance of bank accounts of Respondent and	spouse:
	employment:
Describe real estate owned, if any, and value there	eof:
Total amount of debts:	
List on the reverse side hereof all other assets own personal effects.	ned by Respondent, other than clothing and
	est of my knowledge, are made under penalty of ident's application for appointment of legal unable to employ counsel.
$\mathrm{By}_{_}$	
Subscribed and sworn to (or affirmed) before the u, 20	undersigned thisday of
Not	ary Public in and for the State of Iowa

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.35 — Form 6: Order Appointing Respondent's Attorney Pursuant to Iowa Code Section 125.78.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; May 22, 2019, effective September 3, 2019]

Rule 13.35 — Form 7: Application for Appointment of Applicant's Counsel and Financial Statement Pursuant to Iowa Code Section 125.76.

In the Iowa District Court f	ForCounty
In the Matter of:	No
Alleged to be a Person with a Substance-Related Disorder, Respondent.	Application for Appointment of Applicant's Counsel and Financial Statement Pursuant to Iowa Code Section 125.76
I, the undersigned, being first sworn, depose an court to appoint counsel to represent me at public and 125.78(2). I submit the following star support of this Application.	
Name:	
Address:	
Marital status: Married □ Single □	
Number of dependants: Ages of depend	ants:
Business or employment:	
Average weekly earnings:	
Total income past 12 months:	
Is spouse working: Yes □ No □ If yes, of spouse:	name of employer and average weekly earnings
Motor vehicles: List make, year, amount owed is registered.	on the vehicle if any, and in whose name the title
T: 41 1	
	pouse:
•	employment:
	eof:
Total amount of debts:	
	er assets I own, other than clothing and personal best of my knowledge, are made under penalty of or appointment of legal counsel because I am
Appli	cant
Subscribed and sworn to before me this	
Subscribed and Sworn to before the this	uay 01, 20
Notai	ry Public in and for the State of Iowa

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.35 — Form 8: Order Appointing Applicant's Attorney Pursuant to Iowa Code Section 125.78(2).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; May 22, 2019, September 3, 2019]

Rule 13.35 — Form 9: Appointment of Physician Pursuant to Iowa Code Section 125.78.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; May 22, 2019, effective September 3, 2019]

Rule 13.35 — Form 10: Physician's Report of Examination Pursuant to Iowa Code Section 125.80.

In the Iowa District Court	for County	
In the Matter of:	No Physician's Report of Examination Pursuant to Iowa Code Section 125.80	
Alleged to be a Person with a Substance-Related Disorder,		
Respondent.		
Date and Time of Examination:		
1. Respondent's name:		
2. Address:(street) (cit	y or town) (county)	(state)
3. Date of birth:	onth) (year)	
4. Place of birth:		
5. Sex:		
6. Occupation:		
7. Marital status: Single □ Married □	Divorced □	
8. Number of children:		
9. Nearest relative's name:		
address:(street)	(city or town) (county)	(state)
Is this examination conducted under 11. Did a qualified mental health professional If so, name that individual: Please provide address:	l assist with this exam? Yes □	No □ No □
If the professional's report is writ	ten, please attach.	
12. In your judgment is respondent a person If so, state diagnosis and supporting observables.		es 🗆 No 🗆
13. In your judgment is respondent capable of hospitalization or treatment? Yes ☐ ↑ medical history:	No \square If not, state supporting obs	

Physician's Report of Examination (cont'd)

14. In your judgment, is the respondent treatable? Yes □ No □ If yes, state diagnosis and supporting observations or medical history:
 15. In your judgment, is the respondent likely to physically injure himself or herself or others? Yes □ No □ If yes, what has led you to this conclusion?
16. In your judgment, is the respondent likely to inflict severe emotional injury on those who cannot avoid contact with Respondent? Yes □ No □
17. Can Respondent be evaluated on an out-patient basis? Yes □ No □ Basis for answer:
18. Can Respondent, without danger to self or others, be released to the custody of a relative friend during the course of evaluation? Yes □ No □
19. Is full-time hospitalization necessary for evaluation? Yes ☐ No ☐
20. Does Respondent have a prior history of treatment for a substance-related disorder? Yes □ No □ If so, please specify:
21. Has Respondent been medicated within 12 hours of the time of the hearing? Yes □ No □ If so, supply the probable effects of the medication:
Medicine:
Dosage:
Time:
Signed:
Physician
Address:

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.35 — Form 11: Order for Continuance Pursuant to Iowa Code Section 125.80(4).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 12: Stipulation Pursuant to Iowa Code Section 125.82 and Rule 13.19.

In the Iowa District Court for	orCounty
In the Matter of: Alleged to be a Person with a Substance-Related Disorder, Respondent.	No Stipulation Pursuant to Iowa Code Section 125.82 and Rule 13.19
	disorder.
	:ondent's Attorney

Rule 13.35 — Form 13: Notice of Medication Pursuant to Iowa Code Section 125.82(1).

In the Iowa District Court for	County
In the Matter of:	No Notice of Medication Pursuant to Iowa Code Section 125.82(1)
Alleged to be a Person with a Substance-Related Disorder,	
Respondent.	
I hereby certify that Respondent was medicated, 20	
The probable effects of the medication are as for	bllows:
The medication: may □ probably will not I nature of these proceedings.	□ affect Respondent's ability to understand the
	Physician

Rule 13.35 — Form 14: Discharge and Termination of Proceedings Pursuant to Iowa Code Section 125.82(4).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 15: Findings of Fact and Order Pursuant to Iowa Code Section 125.83.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 16: Application for Order for Extension of Time for Evaluation Pursuant to Iowa Code Section 125.83.

In the Iowa District Cou	nt for County
In the Matter of:	No
Alleged to be a Person with a Substance-Related Disorder,	Application for Order for Extension of Time for Evaluation Pursuant to Iowa Code Section 125.83
Respondent.	
I, the facility administrator of	(name of facility)
request an extension of time not to excee	(name of facility) ed seven days in order to complete the evaluation of
Respondent.	sa seven says in order to complete the evaluation of
I request this extension because:	
request this extension because.	
Dated this day of	, 20
	Facility Administrator

Rule 13.35 — Form 17: Order for Extension of Time Pursuant to Iowa Code Section 125.83.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 18: Report of the Attending Physician's Substance-Related Disorder Evaluation Pursuant to Iowa Code Section 125.84.

	In the Iowa District Court 1	for County
In the	e Matter of:	No
Resp	ondent.	
Da	te and time of evaluation:	
1.	Treatment Respondent has received during	the present hearing and evaluation period:
2.	Medication given for withdrawal symptom mental state:	as and the effect on Respondent's behavior or
3.	Have there been previous incidents of substance (a) If yes, give approximate dates:	
	(b) Was hospitalization or treatmen If yes, give place, date, length of sta	
4.	Respondent's past medical history:	
5.	Is there a family history of substance misus If yes, give names and relationship	
6.	In your judgment, is Respondent a person v Yes □ No □ If yes, state diagnosis and supporting	
7.		making responsible decisions with respect to No or medical history:
8.	In your judgment, is the respondent treatab If yes, state diagnosis and supporting	

Report of the Attending Physician's Substance-Related Disorder Evaluation (cont'd)

9. In your judgment, is Respondent like Yes □ No □ What has led you to this cond	ly to physically injure himself or herself or others?
10. In your judgment, is Respondent like avoid contact with Respondent? Ye	ly to inflict severe emotional injury on those unable to es \(\square\) No \(\square\)
11. Proposed Treatment: Please check one of the fou	ar alternatives contained in Iowa Code section 125.84.
	not, as of the date of this report, require further tance-related disorder.
2. Respondent is a p full-time custody, likely to benefit f	erson with substance-related disorder who is in need of care, and treatment in a facility, and is considered from treatment.
	erson with substance-related disorder who is in need of require full-time placement in a facility.
treatment, but in t	person with substance-related disorder who is in need of the opinion of the attending physician is not the treatment provided. Recommendation for alternative
	Signed, M.D. Attending Physician/Designee
	Address

Rule 13.35 — Form 19: Periodic Report Pursuant to Iowa Code Section 125.86(1).

In the Iowa District Court for	County
In the Matter of:	NoPeriodic Report Pursuant to Iowa Code Section 125.86(1)
Respondent.	
Date	
1. An order for continued placement of Respond of, 20	ent at this facility was entered on the day
Facility: Ac	ddress:
Patient's Name:	Hospital Number: DOB:
County of Settlement:	County of Commitment:
Transfer from: Tra	ansfer Date:
Last Evaluation Date:	Date of this Visit:
Diagnosis:	
2. Current therapy: List all types of therapy, inclu	iding medication.
PHYSICAL CONDITION: Ambulatory Wheelchair Bed Parance: Good Fair Poor Sleeping Habits: Good Fair Poor Incontinent: Yes No Sometimes Diet: Regular Reduction Other (specify): List any physical problems such as seizures, defeart, sight, hearing, etc.:	_ Poor or
BEHAVIOR: □ Improved □ Unchanged □ Disturble Is this patient easily managed in your facility? WORK: Is patient currently employed? Yes □ No If yes, where? Describe job performance	Yes No No

Periodic Report Pursuant to Iowa Code Section 125.86(1) (cont'd)

FAMILY SITUATION: Single □ Married □ Divorced □ Dissolution in progress □
Does this patient receive Social Security? Yes □ No □ If yes, what kind: Disability □ Pension □
RECREATIONAL ACTIVITIES: Participation: ActiveLimited Observe Only Type
VISITORS: No Yes Frequency Who
MAIL: ReceivesWrites
INTERVIEW SUMMARY
COVER THE FOLLOWING: (1) Present physical and mental condition; (2) Adjustment to facility; (3) Behavior during interview; and (4) Administrator's viewpoint of patient.
3. In my opinion, Respondent's condition (has improved) (remains unchanged) (has deteriorated). Additional information concerning the patient's condition and prognosis is provided below:
4. In my opinion, the following subsection of Iowa Code section 125.84 is applicable (check one):
☐ (a) Respondent does not, as of this date, require further treatment for substance-related disorder.
☐ (b) Respondent is a person with substance-related disorder who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
☐ (c) Respondent is a person with substance-related disorder who is in need of treatment but does not require full-time placement in a facility. (See recommendation below.)
☐ (d) Respondent is a person with substance-related disorder who is in need of treatment but is not responding to the treatment provided. (See recommendation below.)
RECOMMENDATIONS:
5. Respondent was tentatively discharged on, pursuant to Iowa Code section 125.85 because in my opinion Respondent no longer requires treatment or care as a person with substance related disorder. (See explanation below.)
EXPLANATION:
Respondent seen at on
Respondent seen aton
(interviewer) (title)
(Attending Physician/Designee), M.D.

Rule 13.35 — Form 20: Periodic Report Pursuant to Iowa Code Section 125.86(2).

In the Iowa District Court fo	orCounty
In the Matter of:	No Periodic Report Pursuant to Iowa Code Section 125.86(2)
Respondent.	
Date	
1. An order for continued placement of Respond of, 20	ent at this facility was entered on the day
Facility:Ac	ddress:
Patient's Name:	Hospital Number: DOB:
County of Settlement:	County of Commitment:
Transfer from: Tra	nnsfer Date:
Last Evaluation Date:	_ Date of this Visit:
Diagnosis:	
2. Current therapy: List all types of therapy, inclu	iding medication.
PHYSICAL CONDITION: Ambulatory Wheelchair Bed Pa General Appearance: Good Fair Eating Habits: Good Fair Poor Sleeping Habits: Good Fair Poor Incontinent: Yes No Sometimes Diet: Regular Reduction Other (specify): List any physical problems such as seizures, defeart, sight, hearing, etc.:	_ Poor or
BEHAVIOR: ☐ Improved ☐ Unchanged ☐ Disturble Is this patient easily managed in your facility? WORK: Is patient currently employed? Yes ☐ No If yes, where? Describe job performance:	Yes □ No □

Periodic Report Pursuant to Iowa Code Section 125.86(2) (cont'd)

FAMILY SITUATION: Single □ Married □ Divorced □ Dissolution in progress □
Does this patient receive Social Security? Yes □ No □ If yes, what kind: Disability □ Pension □
RECREATIONAL ACTIVITIES: Participation: ActiveLimitedObserve OnlyType
VISITORS: No Yes FrequencyWho
MAIL: ReceivesWrites
INTERVIEW SUMMARY
COVER THE FOLLOWING: (1) Present physical and mental condition; (2) Adjustment to facility; (3) Behavior during interview; and (4) Administrator's viewpoint of patient.
3. In my opinion, Respondent's condition (has improved) (remains unchanged) (has deteriorated). Additional information concerning the patient's condition and prognosis is provided below:
4. In my opinion, the following subsection of Iowa Code section 125.84 is applicable (check one):
☐ (a) Respondent does not, as of this date, require further treatment for substance-related disorder.
□ (b) Respondent is a person with substance-related disorder who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
☐ (c) Respondent is a person with substance-related disorder who is in need of treatment but does not require full-time placement in a facility. (See recommendation below.)
☐ (d) Respondent is a person with substance-related disorder who is in need of treatment but is not responding to the treatment provided. (See recommendation below.)
RECOMMENDATIONS:
5. Respondent was tentatively discharged on
EXPLANATION:
Respondent seen at on
(name of facility) (date)
(interviewer) (title)
(Provide name and title of person submitting report)
(Facility)

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; October 1, 2008, effective December 15, 2008; June 29, 2012, effective September 4, 2012]

Rule 13.35 — Form 21: Notice of Facility Administrator's Request for Extension of Time Pursuant to Iowa Code Section 125.83.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 22: Order After Evaluation Pursuant to Iowa Code Section 125.84.

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 23: Report of Respondent's Discharge Pursuant to Iowa Code Section 125.85(4).

In the Iowa District Court f	forCounty
In the Matter of:	No Report of Respondent's Discharge Pursuant to Iowa Code Section 125.85(4)
Respondent.	
To:, judge o	r judicial hospitalization referee.
I,	, administrator of
	report that Respondent, for whom
(commitment) (treatment) was ordered on	, was discharged from
this facility or from treatment on	
Adm	inistrator
Date	;

Rule 13.35 — Form 24: Order Confirming Respondent's Discharge and Terminating Proceedings Pursuant to Iowa Code Section 125.85(4).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 25: Notice of Appeal From the Findings of the Judicial Hospitalization Referee.

In the Iowa District Court	forCounty
In the Matter of:	No Notice of Appeal from the Findings of the Judicial Hospitalization Referee
Respondent.	
To:, jud	dge of the judicial district of Iowa and the
clerk of the district court:	
The undersigned appeals the findings of	, judicial
hospitalization referee, that Respondent is a perso	n with a substance-related disorder, and requests
a review of the matter by a judge of the Iowa distr	rict court for County, Iowa, all
pursuant to Iowa Code section 229.21(3).	
Dated this day of, 20	
(Re:	spondent, Next Friend, Guardian, Attorney)

Rule 13.35 — Form 26: Claim, Order, and Certificate for Attorney or Physician's Fees.

In the Iowa District Court for	rCounty
In the Matter of:	No
All 1, 1 D 21	Claim, Order, and Certificate for Attorney or Physician's Fees
Alleged to be a Person with a Substance-Related Disorder,	
Respondent.	
The undersigned (attorney) (physician), being f	first duly sworn (or affirmed), states that he or she
	tion referee) to (represent) (examine) (respondent)
(applicant) in substance-related
disorder proceedings, pursuant to Iowa Code sect	ion 125.78; that this claimant has completed services
as set forth on the attached itemized statement; an	nd that this claimant has not directly, or indirectly,
received, or entered into a contract to receive, any	y compensation for such services from any sources.
Iowa Code section 125.78.	be compensated in accordance with the provisions of
Cian	manı
Add	ress
Subs day o	scribed and sworn to (or affirmed) before me this, 20
STA	TE OF IOWA,COUNTY,
ss:	
Cleri	k of District Court

(or) Notary Public in and for the State of Iowa

Claim, Order, and Certificate for Attorney or Physician's Fees (cont'd)

ORDER

The foregoing verified claim has been duly co	onsidered, is fixed and approved in the sum of \$
and ordered paid out of the county treasury.	The clerk is directed to certify a copy of above claim and
this order to the county auditor for payment to	o claimant, as provided by statute.
Dated this day of	20
	Magistrate/Judge/Judicial Hospitalization Referee
C	ERTIFICATE
The above is a true copy of claim and order a to county auditor for payment.	s appears of record in my office and is hereby certified
Done this day of, 20)
ï	(Deputy) Clerk of Court

Rule 13.35 — Form 27: Authorization of Detention Pursuant to Iowa Code Section 125.91(2).

In the Iowa District Cou	nt for County
In the Matter of: Alleged to be a Person with a Substance-Related Disorder,	No Authorization of Detention Pursuant to Iowa Code Section 125.91(2)
Respondent.	
Date: Time of Detention:	
Time of Notification of Magistrate:	
substance-related disorder who is incapacitated	re is reason to believe Respondent is a person with or is likely to injure himself or herself or others if not ag the need for detention is based upon the following
This detention has been authorized by the ver, magistra	rbal instruction of tte.
	Facility Administrator
Arrival of Magistrate	
Time of arrival of magistrate:	
	Magistrate

Rule 13.35 — Form 28: Magistrate's Report Pursuant to Iowa Code Section 125.91(2)(b).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

Rule 13.35 — Form 29: Magistrate's Order of Detention Pursuant to Iowa Code Section 125.91(3).

Removed from chapter by court order May 22, 2019, effective September 3, 2019.

CHAPTER 17 FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Rules 17.2 to 17.99 Rule 17.100 Use of forms; mandatory for self-represented litigants

Reserved

Family law forms for dissolution of marriage without minor or dependent adult children

Form 101: Petition for Dissolution of Marriage with no Minor

or Dependent Adult Children

Form 102: Petition Cover Sheet for a Dissolution of Marriage

with no Minor or Dependent Adult Children

Form 103: Confidential Information Form Form 104: Original Notice for Personal Service Form 104a: Original Notice for Personal Service

Form 105: Acceptance of Service

Form 106: Directions for Service of Original Notice Form 107: Motion and Affidavit to Serve by Publication

Form 108: Original Notice by Publication

Form 109: Application and Affidavit to Defer Payment of Costs
Form 110: Affidavit of Service of Original Notice and Petition
for Dissolution of Marriage

Form 111: Protected Information Disclosure

Forms 112 to 114: Reserved

Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children

Form 116: General Answer to a Petition

Forms 117 to 121: Reserved

Form 122: Motion in a Dissolution of Marriage with no Minor

or Dependent Adult Children

Form 123: Response to a Motion

Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children

Form 125: Affidavit of Mailing Notice

Form 126: Notice of Intent to File Written Application for

Default Decree

Form 127: Request for Relief in a Dissolution of Marriage with

no Minor or Dependent Adult Children

Form 128: Settlement Agreement for a Dissolution of Marriage

with no Minor or Dependent Adult Children

Forms 129 to 200: Reserved

Rules 17.101 to 17.199 Rule 17.200 Reserved

Family law forms for dissolution of marriage with dependent children

Form 201: Petition for Dissolution of Marriage with Children Form 202: Petition Cover Sheet for a Dissolution of Marriage

with Children

Form 203: Confidential Information Form Form 204: Original Notice for Personal Service Form 204a: Original Notice for Personal Service

Form 205: Acceptance of Service

Form 206: Directions for Service of Original Notice Form 207: Motion and Affidavit to Serve by Publication

Form 208: Original Notice by Publication

Form 209: Application and Affidavit to Defer Payment of Costs Form 210: Affidavit of Service of Original Notice and Petition

for Dissolution of Marriage

Form 211: Protected Information Disclosure
Form 212: Joint Statement on Legal Parent
Form 213: Motion to Disestablish Legal Parent

	Form 214:	Reserved
	Form 215:	Answer to Petition for Dissolution of Marriage with
		Children
	Form 216:	General Answer to a Petition for Dissolution of
		Marriage with Children
	Forms 217 to	
	Form 221:	Affidavit for Temporary Custody and Visitation
	Form 222:	Motion in a Dissolution of Marriage with Children
	Form 223:	Response to a Motion
	Form 224:	Financial Affidavit for a Dissolution of Marriage with Children
	Form 225:	Affidavit of Mailing Notice
	Form 226:	Notice of Intent to File Written Application for Default Decree
	Form 227:	Request for Relief in a Dissolution of Marriage with Children
	Form 228:	Settlement Agreement for a Dissolution of Marriage with Children
	Form 229:	Agreed Parenting Plan
	Form 230:	Proposed Parenting Plan
		300: Reserved
Rules 17.201 to 17.299	Reserved	500. Iteserved
Rule 17.300		difying child support
	Form 301:	Application to Modify Child Support
	Form 302:	Cover Sheet for an Application to Modify Child Support
	Form 303:	Confidential Information Form
	Form 304:	Original Notice for Personal Service
	Form 304a:	Original Notice for Personal Service
	Form 305:	Acceptance of Service
	Form 306:	Directions for Service of Original Notice
		d 308: Reserved
	Form 309:	Application and Affidavit to Defer Payment of Costs
	Form 310:	Affidavit of Service of Original Notice and Application
		to Modify Child Support
	Form 311:	Protected Information Disclosure
		314: Reserved
	Form 315:	Answer to Application to Modify Child Support
	Form 316:	General Answer to Application to Modify Child Support
	Forms 317 to	321: Reserved
	Form 322:	Motion in a Child Support Modification
	Form 323:	Response to a Motion in a Child Support Modification
	Form 324:	Child Support Modification Financial Statement
	Form 325:	Affidavit of Mailing Notice
	Form 326:	Notice of Intent to File Written Application for Default Decree
	Form 327:	Request for Relief in a Child Support Modification
	Form 328:	Settlement Agreement on an Application to Modify Child
		Support
	Forms 329 to	400: Reserved
Rules 17.301 to 17.399	Reserved	
Rule 17.400		and visitation forms for unmarried parents
	Form 401:	Petition for Custody and Visitation (Parents not Married)
	Form 402:	Petition Cover Sheet for Custody and Visitation
	Form 403:	Confidential Information Form
	Form 404:	Original Notice for Personal Service
	Form 404a:	Original Notice for Personal Service
	Form 405:	Acceptance of Service
	Form 406:	Directions for Service of Original Notice

Form 407:	Motion and Affidavit to Serve by Publication
Form 408:	Original Notice by Publication
Form 408a:	Proof of Service by Publication
Form 409:	Application and Affidavit to Defer Payment of Costs
Form 410:	Affidavit of Service of Original Notice and Petition for
	Custody and Visitation
Form 411:	Protected Information Disclosure
Form 412:	Joint Statement to Disestablish Legal Parent
Form 413:	Motion to Disestablish Legal Parent
Form 414:	Reserved
Form 415:	Answer to Petition for Custody and Visitation
Form 416:	General Answer to a Petition for Custody and Visitation
Forms 417 to	420: Reserved
Form 421:	Affidavit for Temporary Custody and Visitation
Form 422:	Motion in a Custody and Visitation Case
Form 423:	Response to a Motion in a Custody and Visitation Case
Form 424:	Custody and Visitation Financial Statement
Form 425:	Affidavit of Mailing Notice
Form 426:	Notice of Intent to File Written Application for Default
	Decree
Form 427:	Request for Relief in a Dissolution of Marriage with
	Children
Form 428:	Settlement Agreement for Custody and Visitation
Form 429:	Agreed Parenting Plan
Form 430:	Proposed Parenting Plan
Forms 431 to	500: Reserved
Reserved	

Rules 17.401 to 17.499

CHAPTER 17 FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Use of forms; mandatory for self-represented litigants. An individual who is not represented by an attorney in a legal proceeding covered under this chapter must use forms contained in this chapter. An attorney may use these forms but is not required to do so. [Court Order May 16, 2007; December 19, 2013]

Rules 17.2 to 17.99 Reserved.

Rule 17.100 Family law forms for dissolution of marriage without minor or dependent adult children. The following forms are for use in dissolution of marriage (divorce) actions without children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and still need support. These forms cannot be used if a spouse of the marriage is pregnant.

ise of the marriage is	pregnant.
Form 101:	Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Form 102:	Petition Cover Sheet for a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 103:	Confidential Information Form
Form 104:	Original Notice for Personal Service
Form 104a:	Original Notice for Personal Service
Form 105:	Acceptance of Service
Form 106:	Directions for Service of Original Notice
Form 107:	Motion and Affidavit to Serve by Publication
Form 108:	Original Notice by Publication
Form 109:	Application and Affidavit to Defer Payment of Costs
Form 110:	Affidavit of Service of Original Notice and Petition for Dissolution of Marriage
Form 111:	Protected Information Disclosure
Forms 112 to 114:	Reserved
Form 115:	Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Form 116:	General Answer to a Petition
Forms 117 to 121:	Reserved
Form 122:	Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 123:	Response to a Motion
Form 124:	Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 125:	Affidavit of Mailing Notice
Form 126:	Notice of Intent to File Written Application for Default Decree
Form 127:	Request for Relief in a Dissolution of Marriage with no Minor or Dependent

Adult Children

Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children Form 128:

Forms 129 to 200: Reserved

[Court Order December 19, 2013]

Rule 17.100—Form 101: Petition for Dissolution of Marriage with no Minor or Dependent Adult Children

Read the Guide to Representing Yourself in an Iowa Divorce Case on the Iowa Judicial Branch website before using this form.

Do not use this form if any of the following are true:

- You are not married.
- Neither you nor your spouse has lived in lowa for the last year before filing this Petition.
- · Petitioner or Respondent is pregnant.
- There are children 18 years of age or older (born or
- adopted) who still need support (for example, the child is in high school or college, or is disabled).
- There are children under the age of 18 who are children (born or adopted) of both spouses before or during the marriage, even if Petitioner or Respondent is not the natural parent.

🔙 If filing electronically, you must provide any protected information in full on form 111.

If filing in paper, you may use form 111 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the	lowa District Court for		transition and	County
In Re	the Marriage of:	County where you are fil	ing this Petition	
Your cu	rrent legal name	Your spouse 's cu	rrent legal name	
Upon	the Petition of			
		For clerk's use only		
Petitio	Oner Your full name: first, middle, last		Dissolution of Dependent A	Marriage with dult Children
and co	ncerning			
Resp	ondent Your spouse's full name: first, midd	dle, last		
1. Pe	rsonal Information Fill in all ing I you fear for your safety, you may leave	formation that you know. If yo your street address, phone n	ou have been assa ımber, and email l	ulted by your spouse blank.
anc	rsonal Information Fill in all ing I you fear for your safety, you may leave Petitioner's (your) birth year and	your street address, phone m	ımber, and email l	ulted by your spouse blank.
anc	l you fear for your safety, you may leave	your street address, phone m present residence:	ımber, and email l	ulted by your spouse blank.
anc	you fear for your safety, you may leave Petitioner's (your) birth year and	your street address, phone m present residence: Birth	ımber, and email l year	blank. ZIP code
and A.	Petitioner's (your) birth year and Petitioner's present street address	your street address, phone not present residence: Birth City Phone number	umber, and email l year State Email a	blank. ZIP code ddress
and A.	Petitioner's (your) birth year and Petitioner's present street address County	your street address, phone not present residence: Birth City Phone number	year State Email a	blank. ZIP code ddress

 $Rule\ 17.100 — Form\ 101:\ \textit{Petition for Dissolution of Marriage with no Minor or Dependent Adult Children}, continued$

	Month	\overline{Day}	_' Year	City	State
D	Children				
О.	Check all that a	re true			
	(1)	are no children (under the age	of 18 who are children	of both Petitioner and Responder
			_		ed or born during this marriage.
			_	age or older who still i	
	(4) Neithe				
_					
C.	Petitioner's re		a if ways anay	as door not live in Laws	and you have lived in Town
	_			se does not live in Iowa : Iowa just to get a divor	and you have lived in Iowa ce.
	If you have que	-			
	(1) The only reason that Petitioner (you are Petitioner) is living in Iowa				
		et a divorce.			
	O True				
		If you do not li just to get a di		r if you live in Iowa for r "Ealse."	easons other than
	(2) Petitioner h	_		t years and	months
	in		cour		monare
				nt the time since your bi	rth.
				state, count the time since	
D.	Parties' reside	ence			
	Check each that	is true			
	(1) Petition	ner has lived in	lowa for mo	ore than one year.	
	(2) Respo	ndent (your sp	ouse) is a re	sident of Iowa.	
E.	Condition of t	he marriage			
	Check all that a	•			
	(1) The ma	arriage is broke	en and canno	ot be saved.	
		-		on involving this marria	
	If you a	lid not check (2)	, explaın ın H	. You should also talk to	an attorney.

(4)
Counseling will not save the marriage. If counseling may save the marriage, do not check (4).

3.

 $Rule\ 17.100 — Form\ 101:\ \textit{Petition for Dissolution of Marriage with no Minor or Dependent Adult Children}, continued$

F.	•	ndent's status		
	Check e	ach that is true		
	(1)	Respondent (your spouse) is in the mili	-	f 1
		If you check (1), note that there are special if your spouse is in the military. You should		m going Jorwara
	(2)	Respondent is in prison or jail at	of facility	in
_	ъ.		f facility	State
G.	Check o	tive or no contact order		
	(1)	There is neither a "protective order" nor Respondent (your spouse).	a "no contact order" between Pe	titioner (you) and
	(2) 🔿	There is a "protective order" or a "no co If you check (2), fill in the following inform		nd Respondent.
		a. County and state where the order came	e from:	
			County	State
		b. Court case number:		
Н.	Other i	information:		
Do	titione	r's Request		
		•		
Α.		ner asks the court to: Il that apply. The court will only consider ite	ems that are checked.	
		End the marriage of Petitioner (you) and		
	_	Fairly divide the property and the debts		
		Order that Respondent pay the court fe	•	
	_	Order that Respondent pay for Petitioner If you check (4), you must file form 122.		e is final.
	(5)	Order that Respondent pay spousal sup If you check (5), you must file form 122.	oport (alimony) to Petitioner.	
	(6)	Change Petitioner's last name to:	Name can only be changed to name certificate or name used immediate to the marriage.	
		Print your former or birth name		
	(7)	Other request:		

4. Attorney Help

 $\textbf{Rule 17.100} \\ \textbf{—Form 101:} \ \textit{Petition for Dissolution of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage With Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage With Note of Marriage Wi$

	A. O An attorney did noB. O An attorney helpe				•	
	If you check B, you m	ust fill in th	ne following in	nformation:		
	Name of attorney or o	organizatio	n, if any	Attorney's P.I.N	H. # $-$ Ask the attor	ney
	Business address of a	ttorney or c	organization	City	State	ZIP code
	()_ Attorney's phone nun	nber	() Attorney's fo	x number – optional	Attorney's emo	til address – optional
5.	Service Instructions If Petitioner is filing in par Check one A. Petitioner will acc					
	/ " O ! • • • • • • • • • • • • • • • • • •	epi servic	e or docum	ents at the attor	ney's address l	sted above; or
	B. Petitioner will acce					
6.	B. Petitioner will acce	pt service	of docume	nts in this case a	t the mailing add	dress below.
6.	B. Petitioner will acce Oath and Signature I, Print your name	pt service	of docume	nts in this case a	t the mailing add	dress below. v under penalty
6.	B. Petitioner will acce	pt service	of docume	nts in this case a	t the mailing add	dress below. v under penalty
6.	B. Petitioner will acce Oath and Signature I, Print your name of perjury and pursuant to in this Petition is true and	o the laws	of docume , hav	nts in this case a e read this Petit	t the mailing add ion, and I certify ne information I	dress below. v under penalty
6.	B. Petitioner will acce Oath and Signature I, Print your name of perjury and pursuant to in this Petition is true and	pt service	of docume , hav	nts in this case a	t the mailing add ion, and I certify ne information I	dress below. v under penalty
6.	B. Petitioner will acce Oath and Signature I, Print your name of perjury and pursuant to in this Petition is true and	o the laws	of docume, have of the State 20	nts in this case a e read this Petit	t the mailing add ion, and I certify ne information I	dress below. v under penalty
6.	B. Petitioner will acce Oath and Signature I, Print your name of perjury and pursuant to in this Petition is true and Signed on: Month	o the laws	of docume, have of the State 20	nts in this case and the read this Petit se of Iowa that the Your signature*	t the mailing add	dress below. under penalty have provided ZIP code

Important Notice to Petitioner See next page for instructions for filing a Petition.

Instructions for Rule 17.100—Form 101: Petition for Dissolution of Marriage with no Minor or Dependent Adult Children, continued

Do not file these instructions

Instructions for Filing a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

□ Filing your Petition electronically

- If you are filing your divorce case in a county that uses electronic filing, you must register to
 electronically file. For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented) for eFiling.</u>
- After you have registered, <u>log in to the electronic filing system</u> to electronically file your dissolution case.
- For help electronically filing your divorce, see <u>How to eFile a New Case</u>.
- With your Petition, you must also file an Original Notice (104) and a Protected Information Disclosure Form (111).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling
 of your Petition and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your filing. For help, see How to Resubmit a Returned Filing.
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) your spouse.
- For help finding and downloading your Petition and Original Notice, please see <u>My Filings Reference</u> Guide.

Filing your Petition in paper

- If the county where you will be filing your Petition does not yet accept electronic filing, you may
 proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless
 you have received permission from the court to file in paper.
- With your Petition (101), you must also file a Petition Cover Sheet (102), an Original Notice (104a), and a Confidential Information Form (103).
- Forms 101 and 104a: Make two photocopies if you can deliver copies of these forms to your spouse
 in-person or by mail. Make three photocopies if you are going to ask the county sheriff or a civil
 process server to deliver these forms to your spouse.

Note about making photocopies: You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.

- Forms 102 and 103: You do not have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county.
 Tell the clerk at the counter you are filing a Petition for a divorce.
- Give the clerk at the counter these forms:

Instructions for Rule 17.100—Form 101: Petition for Dissolution of Marriage with no Minor or Dependent Adult Children, continued

- 101 Petition for Dissolution of Marriage (Divorce) with no Minor Children
- 102 Coversheet for a Petition for Dissolution of Marriage with no Minor Children
- 103 Confidential Information Form (Do not make copies of this form.)
- 104a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 109.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (104a). You will have to serve this form on (deliver it to) your spouse.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

Rule 17.100—Form 102: Petition Cover Sheet for a Dissolution of Marriage with no Minor or Dependent Adult Children

Petitioner uses this form for	paper thing only, do not	The in electronic cases.		
For court use only Case num	nber	County where case is file	ed	_
Petitioner				
Petitioner's first name	Middle name	Last name		-
Street address		City	State	ZIP code
()_ Phone number	Email addre	SS		
Case name				
Petitioner's first name	Middle name	Last name		_
VS.				
Respondent's first name	Middle name	Last name		_
Nature of the Case:	EQUITY—Domes Dissolution—no c			

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the district court clerk when filing a
 Petition for Dissolution of Marriage with no Minor or Dependent Adult Children.
- . Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- For electronic filers: You do not have to file this form. This information is automatically generated when you submit your documents electronically.

Rule 17.100—Form 103: Confidential Information Form

This form is to be used by paper filers only.

Each party must complete one of these forms if filing in paper.

lowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

n	the Iowa District Court for	County where your c	County rase is filed
Jþ	oon the Petition of	Equity case n	0
he	titioner Full name: first, middle, last spouse who files the Petition for Dissolution of Marriaged concerning		ential Information Form
	espondent Full name: first, middle, last other spouse		
1.	Petitioner's information	, , ,	
	Full name: First, Middle, Last	Birth date	Social Security number
2.	Respondent's Information		
	Full name: First, Middle, Last	Birth date	Social Security number
3 .	Signature of Provider of Inform	ation	
	Print your fi	ıll name: first, middle, last	20
	Your signature	Month	\overline{Dav} , \overline{Year}

Important Notice:

Do not give copies of this form to anyone except the clerk of court.

Rule 17.100—Form 104: Original Notice for Personal Service

Petitioner must serve the Petition on Res Failure to meet this deadline may result in the			Petition.	
Read the <u>Guide to Representing Your</u>	rself in an Iowa	<u>Divorce Case</u> on the I	owa Judicial l	Branch website
for additional important instructions. [If filing electronically, Petitions]	ion ar must com	mlata this farm		
If filing in paper, Petitioner		-		
If you do not understand how to use this	·		talk to an at	torney.
In the Iowa District Court for				County
in the lowa district Court for		County where Petiti	on is filed	County
Upon the Petition of		Original Not	ice for Pe	rsonal Service
Petitioner Full name: first, middle, last				
and concerning				
Respondent Full name: first, middle, la	ust			
 Petitioner (your spouse) has f A copy of the Petition for Diss Petitioner asks for a divorce. Petitioner's contact information	olution of Mar	rriage is attached to t		ent.
-	_			
Mailing address	City		State	ZIP code
()			_	
Phone number	Email addr	ess		
Important in	structions f	or Respondent on i	ıext page	
If you need assistance to participate in court due to a hearing or speech impaired may call Relay lowa TTY contact information available at: http://www.iowacourts	(1-800-735-2942). [Disability coordinators cann		Persons who are advice. Disability coordinator

Rule 17.100-Form 104: Original Notice for Personal Service, continued

Instructions to Respondent

- A. You must file an Answer or a Motion with the clerk of court in the above county within 20 days after you receive this Original Notice. If you do not file an Answer or Motion within 20 days after receiving this Original Notice, the court may enter a judgment against you giving Petitioner what he or she asked for in the Petition.
- B. For help in your divorce case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at http://www.iowacourts.gov/ and click on "Court Rules & Forms" or on "For the Public."
- C. If you received Petition form 101, you may use Answer form 115.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at https://www.iowacourts.state.ia.us/Efile and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
 - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16
 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial
 Branch website.
 - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file in paper.
 Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner's attorney(s). A Notice of Electronic Filing (NEF) will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

Important Notice to Respondent
You should talk to an attorney at once to protect your interests.

Page 1 of 1

Rule 17.100—Form 104a: Original Notice for Personal Service

important instructions.			e for additional
If filing electronically, Petitioner must use form	104.		
lf filing in paper, Petitioner must use this form.			
If you do not understand how to use this form, or if yo	ou should use this form, tai	lk to an attorn	ey.
In the Iowa District Court for			County
	County where Petitio	n is filed	
Upon the Petition of	Equity case no).	
Petitioner Full name: first, middle, last	_ Original Not	ice for Pei	rsonal Service
Tui name. ji si, maaie, sasi			
and concerning			
Respondent Full name: first, middle, last	_		
 Petitioner asks for a divorce. Petitioner's contact information during the d 	ivorce case.		
	Petitioner'	s name	
			770
Mailing address City		s name State	ZIP code
Mailing address City	Petitioner'		ZIP code
Mailing address City () Phone number Email addre	Petitioner'		ZIP code
Mailing address City	Petitioner's Petitioner's Above Clerk of court in the above of cer or Motion within 20 days ring Petitioner what he or shall see Answer form 115.	State State ounty within 20 after receiving the asked for in	Odays after you receive this Original Notice, the
Mailing address City Phone number Email addre Instructions to Respondent Name You must file an Answer or a Motion with the this Original Notice. If you do not file an Answer court may enter a judgment against you given If you received Petition form 101, you may use	Petitioner? Above clerk of court in the above of er or Motion within 20 days ring Petitioner what he or shall see Answer form 115. ust serve a copy of it on Petitioner and petitioner what he or shall see Answer form 115.	State State ounty within 20 after receiving the asked for in	Odays after you receive this Original Notice, the
Mailing address City Phone number Email addre Instructions to Respondent Name You must file an Answer or a Motion with the this Original Notice. If you do not file an Answer court may enter a judgment against you give. If you received Petition form 101, you may use After you file your Answer or Motion, you must	Petitioner's Petitioner's Above Clerk of court in the above of cer or Motion within 20 days ring Petitioner what he or shall see Answer form 115.	State State ounty within 20 after receiving the asked for in	Odays after you receive this Original Notice, the
Mailing address City Phone number Email addre Instructions to Respondent Name You must file an Answer or a Motion with the this Original Notice. If you do not file an Answer court may enter a judgment against you give. If you received Petition form 101, you may use After you file your Answer or Motion, you must (SEAL)	Petitioner? Above clerk of court in the above of er or Motion within 20 days ring Petitioner what he or shall see Answer form 115. ust serve a copy of it on Petitioner and petitioner what he or shall see Answer form 115.	State State ounty within 20 after receiving ne asked for in etitioner.	Odays after you receive this Original Notice, the
Mailing address City Phone number Email addre Instructions to Respondent Name You must file an Answer or a Motion with the this Original Notice. If you do not file an Answer court may enter a judgment against you give. If you received Petition form 101, you may be After you file your Answer or Motion, you must (SEAL) Important Notice to Respondent You should talk to an attorney at once to	Petitioner? Above clerk of court in the above of er or Motion within 20 days ring Petitioner what he or shall see Answer form 115. ust serve a copy of it on Petitioner and petitioner what he or shall see Answer form 115.	State State ounty within 20 after receiving ne asked for in etitioner.	Odays after you receive this Original Notice, the the Petition. County Courthouse
Mailing address City Phone number Email addre Instructions to Respondent Name You must file an Answer or a Motion with the this Original Notice. If you do not file an Answer court may enter a judgment against you give. If you received Petition form 101, you may be After you file your Answer or Motion, you must (SEAL) Important Notice to Respondent	Petitioner? Above clerk of court in the above of er or Motion within 20 days ring Petitioner what he or shall see Answer form 115. ust serve a copy of it on Petitioner and petitioner what he or shall see Answer form 115.	State State ounty within 20 after receiving ne asked for in etitioner.	Odays after you receive this Original Notice, the the Petition.

Rule 17.100—Form 104a

[Court Order November 6, 2013]

November 2013

Rule 17.100—Form 105: Acceptance of Service

Petitioner must complete this section:

In the Iowa District Court for			County
	County where Petition is filed		
Upon the Petition of	Equity case no		
	Acceptance	of Servi	ce
Petitioner Full name: first, middle, last			
and concerning			
Respondent Full name: first, middle, last	—		
Petitioner must file this form with the clerk of co	urt soon after Respondent signs it.		
Respondent must complete this section:			
Respondent's Acceptance of Serv	ice, Oath, and Signature		
If Respondent completes this Acceptance of Serv signing it. Petitioner will file it with the clerk of	-	Petitioner:	soon after
I, Print your name	, am Respondent in this ca	ase. I rec	eived a copy
of the Original Notice and the Petition fo	r this case. I have read this Acce	ptance of	Service.
I certify under penalty of perjury and pur			the
information I have provided in this Accep	ptance of Service is true and corr	ect.	
Signed: Month Day, 20, Year			
Signed: Month Day Year	Respondent's signature		
Respondent's mailing address	City	State	ZIP code
Dhara mush as			
Phone number Email addre	SS		

Important Notice to Respondent

By signing this form, you are not agreeing to what Petitioner wants. You are only agreeing that you received a copy of the Original Notice and Petition.

Rule 17.100—Form 106: Directions for Service of Original Notice

Petitioner must complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

 $Do \ not \ use \ this form \ if \ Respondent \ has \ already \ received \ the \ Petition \ and \ Original \ Notice.$

Do not file this form with the clerk of court in paper or electronically.

Give this form to the sheriff or other process server with your Petition (101) and Original Notice (104 if electronically filing or 104a if filing in paper).

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

ouni	y where Petition is filed	Equity case number		
	lame and Location of Sho theck one and fill in the blanks	eriff or Other Process Serve	er	
Д	. Sheriff In county where R	espondent will be served County		
	Street address	City	State	ZIP code
В	Other process server			
	Name of other person servin	g the Notice		
	Street address	City	State	ZIP code
P	erson to be Served	(
Y	our spouse 's name	Phone number		
\overline{A}	ddress where your spouse can be s	erved City	State	ZIP code
P	erson Requesting Servic	ce ()		
Y	our name	Phone number		
\overline{Y}	our present mailing address	City	State	ZIP code

5. Costs of Service

Rule 17.100—Form 106: Directions for Service of Original Notice, continued

	Check one	
	A. O Petitioner will pay the costs of the Sheriff If you cannot afford the costs, file form 109.	or other process server.
	B. Costs for Sheriff deferred by court order:	
	,	Clerk of court: Sign only if costs deferred by court order
6.	Notification	by court order
٠.		and namer will matify the margan
	After completion of service, the sheriff or other proceeding service.	cess server will notify the person
	. 20	
	Date signed: Month Day Year	Your signature

Rule 17.100—Form 107: Motion and Affidavit to Serve by Publication

Petitioner: Use this form only if you do not know where your spouse lives or works.

- You must contact a newspaper that is generally distributed or circulated throughout the county where you filed the Petition.
- Ask if the newspaper will publish your Original Notice by Publication (108) in your divorce case.
- Tell the newspaper you need to publish the Notice once each week for three weeks in a row.
- If the newspaper can publish your Notice three weeks in a row, ask how much it will cost.
- Tell the newspaper you will call back to arrange for publishing your Notice after a judge gives you permission to publish your Notice in the newspaper.
- The fees for publication are set by statute in Iowa Code section 618.11.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In th	e Iowa District Court for	County where you	u filed the Petition	County
Upoi	n the Petition of		se no.	
Petit	ioner Full name: first, middle, last		lotion and Affida erve by Publicat	
and c	concerning			
Resp	pondent Full name: first, middle, last			
1. Ir	Iformation and Requests			
Α	. Respondent's residence Check each that applies			
	(1) ☐ Respondent lives outside of(2) ☐ Respondent's residence a		are unknown.	
В	. Respondent's last known reside	ence:		
	Street address	City	State	ZIP code
	County	() Phone number	Email aa	ldress
С	. Most recent date Respondent is	s known to have been	at the address abo	ve:
	$\frac{1}{Month}$ $\frac{1}{Day}$, 20	O Year		

Rule 17.100—Form 107: Motion and Affidavit to Serve by Publication, continued

D	. Petitioner has taken these steps to find Respo	ndent:
E	Petitioner will publish notice in this newspaper	
		Name of newspaper
F.	Petitioner asks the court to allow Petitioner to s Respondent cannot be personally served.	serve Respondent by publication because

2. Attorney Help

ZIP code

State

Rule 17.100-Form 107: Motion and Affidavit to Serve by Publication, continued

Business address of attorney or organization

If you check B, you must			
Name of attorney or org		 - Ask the at	

City

3. C

() Attorney's phone	e number	(Attorney'	_) s fax number – optional	Attorney's email	address – optional
Oath and Signature	•				
, Print your name under penalty of perjonave provided in this		rsuant to the			•
lave provided in this	Wotion an	. 20	tide and correct.		
Signed on: Month	Day	Year	Your signature*		
Mailing address			City	State	ZIP code
) Phone number	<u></u>	il address		litional email addres	ss, if applicable

 $^{*\ \}textit{Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, and the property of the pr$ scan the form after signing it and then file electronically.

Rule 17.100—Form 108: Original Notice by Publication

Petitioner should complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

After you take this Notice to the newspaper, promptly mail a copy of this Notice and the Petition to Respondent's last known mailing address.

Note to Petitioner: *Fill in third date of publication in section* 2 *below.*

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

Newspaper: Publish only the information below this line.

Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last 1. Information for Respondent Named Above Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent. Petitioner's contact information during the divorce case: Description Description	County
Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last 1. Information for Respondent Named Above • Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent. • Petitioner's contact information during the divorce case:	
Information for Respondent Named Above Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent. Petitioner's contact information during the divorce case:	on
 Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent. Petitioner's contact information during the divorce case: 	
Potitionar's first name Middle name Last name	
1 etitioner 3 first name Priodice name Last name	
Petitioner's present street address City State ZIP cod	łe
County Phone number Email address	
2. Respondent's deadline for filing a Response You must file an Answer or a Motion with the clerk of court in the above county within 20 day Month Day Year	/s after
\overline{Month} \overline{Day} \overline{Year}	
3. Instructions to Respondent Named Above You must file an Answer or a Motion with the clerk of court in the above county within 20 days after the provided above. If you do not respond, the court may enter a judgment against you giving Petitioner when she asked for in the Petition. Important Notice to Respondent • You should talk to an attorney at once to protect your interests. • If you choose not to have an attorney represent you in this matter, go to the lowa Judicial Branch website for self-represented litigant information and family law forms.	
f you need assistance to participate in court due to a disability, contact the disability coordinator at: (

Rule 17.100-Form 108: Original Notice by Publication, continued

Newspaper: only publish the instructions below if your county uses electronic filing. To determine if your county uses electronic filing, check the map available on the Iowa Judicial Branch website under "eFiling," or call the clerk of court office in your county.

- You must register to eFile through the Iowa Judicial Branch website at
 https://www.iowacourts.state.ia.us/Efile/ and obtain a log in and password to file and view documents in your case and to receive service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16
 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial
 Branch website.
- For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

Rule 17.100—Form 109: Application and Affidavit to Defer Payment of Costs

Petitioner uses this form only if Petitioner cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff cannot be waived. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

ln	the		unty where your case is filed
			unty where your case is flied
U	oon	the Petition of	Equity case no
Pe	etiti	oner Full name: first, middle, last	Application and Affidavit to Defer Payment of Costs
an	d co	oncerning	
Upon the Petition of			
1.	Re	equest	
	A.	I am Petitioner.	
	B.		aat:
		(1) am unable to pay the filing fee or set	rvice costs or other court costs.
		(2) ask the court for permission to proce	eed without prepayment of costs and fees.
		(3) I am filing this Application and Affidav	it in good faith.
		(4)	king for in this case.
	C.	Household	
		There are $\underline{\hspace{1cm}}$ people living in my house $\underline{\hspace{1cm}}$	ehold.
	D.	My household income is \$	per month.
		Put the total amount of all income and benefits bej	fore deductions for all members of your household.
	E.		
		List the sources of your income. Examples: salary,	wages, or benefits such as unemployment, Title 19, FIP.

Rule 17.100—Form 109: Application and Affidavit to Defer Payment of Costs, continued

F.	My household has th	e following monthly expenses:
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G.	I have \$	in cash, checking, and savings.

Rule 17.100—Form 109: Application and Affidavit to Defer Payment of Costs, continued

2.	Attorney Help								
	Check one								
	A. An attorney did r	not help me prep	oare or fill in t	his paper.					
	B. An attorney helped me prepare or fill in this paper. If you check B, you must fill in the following information:								
	Name of attorney or	organization, if an	ny Attori	ney's P.I.N.	#-Ask the attori	<i>1еу</i>			
	Business address of	attorney or organi	zation City		State	ZIP code			
	()	()						
	()_ Attorney's phone nu	ımber Attori	ney 's fax numbe	r – optional	Attorney's ema	il address – optionai			
	Section 3 to be completed on This document, if filed electr I,	ronically, will autor	natically be serv	ved on regist	ered parties.				
	Print your name		_, certify that	Month	Day	, 20			
	Name of person to whom I de Party's or attorney's mailing		t City		State	ZIP code			
4.	Oath and Signature								
	l,	, have	read this App	lication and	d Affidavit, and	I certify under			
	Print your name								
	penalty of perjury and pu provided in this Application				at the information	on I have			
		20							
	Signed on: Month De	ay Year	Your signati	ıre*					
	Mailing address		City		State	ZIP code			
	()								
	Phone number	Email address	1	Add	itional email addr	°ess – if available			
	* Whether filing electronically of scan the form after signing it			ignature on th	is form. If you are	filing electronically,			

Rule 17.100—Form 110: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage

This form is used only if someone other than Petitioner (you), a sheriff, or a process server delivered a copy of the Petition and Original Notice to Respondent (your spouse).

- The person, other than Petitioner, who gave the Petition and Original Notice to Respondent, fills in this form.
- Petitioner, or the person who gave the Petition and Original Notice to Respondent, must file this form with the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In t	he Iowa District C	ourt for _		County wher	e Petition is fi	iled	County
Upo	on the Petition of				case no		
Pet	itioner Full name: first,	middle, last		_ A1	Notice a	Service of and Petitio tion of Mar	n for
and	concerning				Dissolui	ion or mar	ilaye
Res	spondent Full name:	first, middle, last		_			
1.	Affidavit			l			
	l, Name of person – Co			, delivered	d a copy of	the Original	Notice and
					•		
	Petition for Dissolution						Check one a.m.
	Name of Respondent		_ on	47.	, 2	20 at	O p.m.
						rear in	ne
	by handing Respond	lent copies	of the atta	ached papers	i.		
2.	Oath and Signatu	re					
	To be completed by the p	erson who ga	ve the Petii	tion and Origina	ıl Notice to Re	spondent.	
	l,			, have rea	d this Affid	avit of Servi	ce, and I certify
	Print your name						
	under penalty of per					owa that the	information I
	have provided in this	Affidavit of	Service	is true and co	rrect.		
		, 2	20	Your signatur			
,	Signed on: Month	Day	Year	Your signatur	e*		
	Mailing address			City		State	ZIP code
	() Phone number	Ema	il address			nal email addi	ress – if available
	* If you are filing electroni	ically, scan the	form after si	gning it and then	file electronica	lly.	
Nove	mber 2013		Rule	17.100—Form 11	0		Page 1 of 1

[Court Order November 6, 2013]

Rule 17.100—Form 111: Protected Information Disclosure

It is the responsibility of counsel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see division VI of Chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422

Use this form to identify the full version of any protected information redacted in other documents you have filed.

■ If filing electronically:

- Petitioner must complete this form (111) and file it with the Petition (101) and Original Notice (104).
- Respondent must complete this form if adding or correcting protected information.
- Paper filers also may use form 111 to assist in complying with Iowa Rule of Civil Procedure 1.422.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County
	ounty where the case is filed
Upon the Petition of	Equity case no
Petitioner Full name: first, middle, last	Protected Information Disclosure
and concerning	
Respondent Full name: first, middle, last	

For electronic filers:

A. Name

When protected information, as defined in lowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in non-confidential documents, a party shall include the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

1. Petitioner The spouse who filed for divorce.

Provide the complete version of protected information and the redacted version included in documents you file.

First	Middle	Last
Protected Information Type	Complete Informatio (See Rules 16.602 and 16.604	
(1) Social security number	 XXX-XX-XXXX	Last four digits only
(2) Financial account numbers	Full account number	Partial account number only
(3) Date of birth	/ / mm/dd/yyyy	Year only
(4) Individual taxpayer identification numbers	 XXX-XX-XXXX	Last four digits only

Rule 17.100-Form 111: Protected Information Disclosure, continued

(5) Personal identification numbers	Full number	Partial only
(6) Other unique identifying numbers	Full number	Partial only
(7)		
Additional protected information	Full information	Partial information
(8)		
Additional protected information	Full information	Partial information
(9)		
Additional protected information	Full information	Partial information
(10)		
Additional protected information	Full information	Partial information

2. Respondent *The spouse who did not file for divorce.*

Provide the complete version of protected information and the redacted version included in documents you file.

A. Name		
First	Middle	Last
Protected Information Type	Complete Informatio (See Rules 16.602 and 16.604	
(1) Social security number	 XXX-XX-XXXX	Last four digits only
(2) Financial account numbers	Full account number	Partial account number only
(3) Date of birth	/ / mm/dd/yyyy	Year only
(4) Individual taxpayer identification numbers	 XXX-XX-XXXX	Last four digits only
(5) Personal identification numbers	Full number	Partial only
(6) Other unique identifying numbers	Full number	Partial only
(7)		
Additional protected information	Full information	Partial information
(8)		
Additional protected information	Full information	Partial information
(9)		
Additional protected information	Full information	Partial information
(10)		
Additional protected information	Full information	Partial information
□ ~ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.0 0 1

☐ Check this box if you are attaching a separate sheet listing additional information for Respondent.

Rule 17.100—Form 111: Protected Information Disclosure, continued

3. Information provided by	3.	Inform	nation	provide	d by:
----------------------------	----	--------	--------	---------	-------

		/S/			
Handwritten signature of party completing this form or attorney if filing in paper			ignature of par if filing electro	ty completing this for nically	m
Law firm, if applicable		-			
 Mailing address	City		State	ZIP code	_
() Phone number					
Email address		Additional emai	il address, if ap	pplicable	_
Month Day Day Day	0 Year				

Rule 17.100—Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children

Respondent must file an Answer within 20 days after receiving the Petition and Original Notice, or the court may enter a judgment against Respondent giving Petitioner what he or she asked for in the Petition.

Use this Answer form 115 if you received Petition form 101, otherwise use form 116.

Read the Guide to Representing Yourself in an Iowa Divorce Case on the Iowa Judicial Branch website before using this form.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111).
- If filing in paper, you may use form 111.

n the Iowa District Court for	Count
	y where your spouse filed the Petition
Upon the Petition of	Equity case no
Petitioner Your spouse's full name: first, middle, last	Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
and concerning	
Respondent Your full name: first, middle, last	
. Personal Information Fill in all information	that you know.
A. Petitioner's information	,
A. I chioners information	
Check one	
Check one If paragraph 1A of the Petition (form 101) is no	
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year	ar and present residence are correct in the Petition.
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year	
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is:	ar and present residence are correct in the Petition.
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re	ar and present residence are correct in the Petition.
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is:	ar and present residence are correct in the Petition.
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth yea (2) Petitioner's birth year and present re The correct information is: Birth year	ar and present residence are correct in the Petition. esidence are not correct in the Petition.
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is: Birth year Present street address	ar and present residence are correct in the Petition. esidence are not correct in the Petition.
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is: Birth year Present street address County Phon B. Respondent's information	ar and present residence are correct in the Petition. sidence are not correct in the Petition. ar City State ZIP code
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is: Birth year Present street address County Phone	ar and present residence are correct in the Petition. sidence are not correct in the Petition. Tr City State ZIP code me number Email address
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is: Birth year Present street address County Phon B. Respondent's information Check one If paragraph 1B of the Petition (form 101) is not	ar and present residence are correct in the Petition. sidence are not correct in the Petition. Tr City State ZIP code me number Email address
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is: Birth year Present street address County Phon B. Respondent's information Check one If paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B.	ar and present residence are correct in the Petition. esidence are not correct in the Petition. The correct of the Petition. The Petition.
Check one If paragraph 1A of the Petition (form 101) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present re The correct information is: Birth year Present street address County Phon B. Respondent's information Check one If paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not (1) Respondent's (your) birth year and paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the paragraph 1B of the Petition (form 101) is not contains the para	ar and present residence are correct in the Petition. sidence are not correct in the Petition. The City State ZIP code The number Email address of correct, check (2) and fill in the blanks. The present residence are correct in the Petition. It residence are not correct in the Petition.

Rule	17.1	00—Form	115: Answer to Petition for Disse	olution of Ma	rriage with no M	inor or Dependent A	Adult Children, o	continued
			Present street address		City		State	ZIP code
			County	(hone number		Email a	ddress
2.	Ge	eneral	Information About	the Mai	rriage and	the Parties	S	
	A.	Date a	and location of the marr	iage form 101) is f the marri	s not correct, iage are corr	check (2) and file	<i>ll in the blani</i> on.	tcs.
			Month	Day	·, Year	City		State
	B.	If you a (1) □ (2) □ (3) □	all that are true do not check one or more o There are no children ur There are no children u There are no children 1	nder the ag nder the a 8 years of	ge of 18 who ge of 18 who age or older	are children of were adopted who still need s	or born durir	
	_	. ,	Neither Petitioner nor R	esponaen	ı is pregnanı			
	U.		ner's residence e only reason that Petiti True Talse If you do not live divorce, check "I	in Iowa, o	, ,	-	, ,	
		(2) If y	ou disagree with paragrap	oh 2C(2) oj	f the Petition	(form 101), fill i	n the blanks.	
		Pe	titioner has lived in Iowa	for the la	st y	ears and	month	S
		In .		col	unty.			

 $Rule\ 17.100 - Form\ 115: Answer\ to\ Petition\ for\ Dissolution\ of\ Marriage\ with\ no\ Minor\ or\ Dependent\ Adult\ Children,\ continued$

D.	Parties' residence
	Check each that is true
	(1) Respondent (you are Respondent) is a resident of lowa.
	(2) Petitioner (your spouse) has lived in lowa for more than one year. If you did not check (1) or (2), you should talk to an attorney.
	if you did not check (1) or (2), you should talk to an attorney.
E.	Condition of the marriage
	Check all that are true
	(1) The marriage is broken and cannot be saved.
	(2) This is the only divorce case going on in involving this marriage. If you did not check (2), explain in 2I. You should also talk to an attorney.
	(3) Petitioner did not file the Petition in good faith for the purpose of ending the marriage.
	(4) \square Counseling will not save the marriage. If counseling may save the marriage, do not check (4).
F.	Respondent's status
	Check each that is true
	(1) Respondent (you are Respondent) is in the military service.
	If you check (1) , note that there are special rules that may prevent this dissolution from going forward if you are in the military. You should talk to an attorney.
	(2) Respondent is in prison or jail at in in State
	If you are in prison or jail, you may be entitled to a "guardian ad litem," a person, usually an attorney, appointed to protect the interests of a spouse in some cases.
G.	Protective or no contact orders
	Check one
	(1) O There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (your spouse).
	(2) O There is a "protective order" or "no contact order" between Respondent and Petitioner.
	If you check (2), fill in the following information:
	a. County and state where the order came from: County State
	County State
	b. Court case number:
Н.	Respondent denies anything in the Petition that Respondent has not agreed is correct.
I.	Other information:

 $Rule\ 17.100 - Form\ 115: Answer\ to\ Petition\ for\ Dissolution\ of\ Marriage\ with\ no\ Minor\ or\ Dependent\ Adult\ Children,\ continued$

3. Respondent's Request A. Respondent asks the court to:

Α.	Check a	riderit asks the court to. all that apply. The court will only consider ite to not know what you want, talk to an attorne				
	(1) End the marriage of Respondent (you) and Petitioner (your spouse).					
	(2)	Fairly divide the property and the debts	of the parties.			
	(3)	Order that Petitioner pay the court fees.				
	(4)	Order that Petitioner pay for Respondent' If you check (4), you must file form 122.	s attorney's fees before the divorce is final			
	(5)	Order that Petitioner pay spousal support of you check (5), you must file form 122.	ort (alimony) to Respondent.			
	(6)	Change Respondent's last name to:	Name can only be changed to name on birth certificate or name used immediately prior to the marriage.			
		Print your former or birth name				
В.	☐ Ot	her request:				

 $Rule\ 17.100 - Form\ 115: Answer\ to\ Petition\ for\ Dissolution\ of\ Marriage\ with\ no\ Minor\ or\ Dependent\ Adult\ Children,\ continued\ Adult\ Children,\ Continued\ Adult\ Children,\ Continued\ Children,\ Children$

4.	Attori Check o	ney Help							
	A. C		did not h	oln ma prop	3ro or	fill in this pape	,		
	л. О В. О	_		ne prepare o					
	ь. О			fill in the follow					
		Name of attorn	ney or orgo	anization, if any	,	Attorney's P.I.N	. # - Ask	the attori	ney
		Business addr	ess of attor	ney or organiza	ation	City		State	ZIP code
		()_ Attorney's pho	one numbei	() _ ev 's fax	c number – optional	_ Attory	nev 's ema	til address – optional
5	Servi	ce Instructi			-, -,	· · · · · · · · · · · · · · · · · · ·		,	······································
٠.		oondent is fili		oer					
•	A. (Respondent	will acce	pt service of o	docun	nents at the attor	rney's ad	ldress lis	sted above; or
	\simeq	-				ents in this case	_		
	_								
6.	Section	6 to be complet	ted only if f		r if the	elivery other party is exer be served on regis			filing.
	Ι,				, certi	fy that on			, 20
		•							
	addres	_	copy of tr	ns Answer to	the o	ther party or the	e other p	arty's a	ittorney at this
	Name o	f person to who	m I deliver	ed or mailed it					
	Party's	or attorney's m	ailing addi	ress	City			State	ZIP code
7.	Oath	and Signat	ure						
					, have	e read this Ansv	ver, and	I certify	under penalty
		your name	uant to th	o laws of the	State	e of lowa that th	o inform	ation I I	have provided
		Answer is tru			Olaic	or lowa that th		ation	nave provided
				. 20					
	Signed	on: Month	Day	, <u>Year</u>	Your	r signature*			
	Mailing	address			City			State	ZIP code
	()							
	Phone r	number		Email address					ress – if available
			ing it and th	hen file electronic	ally	te your signature on		If you are	filing electronically,

Instructions for Rule 17.100—Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children, continued

Do not file these instructions

Instructions for Filing an Answer to a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

■ Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically
 file. For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented)</u>
 for eFiling on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you
 when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer.
 The login page can be accessed from two different paths: you may <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see How to eFile to an Existing Case.
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of
 your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your Answer. For help, see <u>How to Resubmit a Returned Filing</u>.
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must
 mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where
 the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, or mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you should serve the Answer by mailing a copy to the attorney at the
 attorney's address on the Petition if box 5B on the Petition is checked.

Do not file these instructions

November 2013

Rule 17.100—Form 116: General Answer to a Petition

Respondent must file an Answer within 20 days after receiving the Petition and Original Notice, or the court may enter a judgment against Respondent giving Petitioner what he or she asked for in the Petition.

If the Petition you received is on form 101, use form 115 for your Answer.

Read the <u>Guide to Representing Yourself in an Iowa Divorce Case</u> on the Iowa Judicial Branch website before using this form.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111).
- If filing in paper, you may use form 111 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where Petition is filed
Upon the Petition of	Equity case no
Petitioner Your spouse's full name: first, middle, last	General Answer to a Petition
and concerning	
Respondent Your full name: first, middle, last	

- 1. Respondent's Answer You are Respondent.
 - A. Respondent admits that the following paragraphs in the Petition are true:

List the numbers of the paragraphs in the Petition that you think are true. If you decide later that the paragraphs you list here are not true, it may be too late to change your answer.

- B. Respondent denies that the following paragraphs in the Petition are true:
- C. Respondent does not know whether the following paragraphs in the Petition are true: List the numbers of the paragraphs in the Petition that you are not sure about. If you cannot say a paragraph or a part of a paragraph is true or not true, it may be because you do not know how something, such as a date, place, or when something happened.

Rule 17.100-Form 116: General Answer to a Petition, continued

D.	Protec	Protective or no contact orders							
	Check o	ne							
	(1) 🔿		ere is neither a "protective order" nor a "r tioner (your spouse).	o contact order" between Respo	ondent (you) and				
	(2) There is a "protective order" or "no contact order" between Respondent and Petitioner. If you check (2), fill in the following information:								
		a.	County and state where the order came fr	om:					
				County	State				
		b.	Court case number:						
E.	Respo	nde	nt denies anything in the Petition th	at is not admitted in this Ans	swer.				
F.	Other	infor	mation:						

2. Respondent's Request If you do not know what you want, talk to an attorney.

Respondent asks the court to: Write here what you would like the court to do. For example, tell the court if you want a divorce. Be brief. Do not write long descriptions.

Rule 17.100-Form 116: General Answer to a Petition, continued

3.	Attorney Help Check one				
	. 🔾	ao proparo o	or fill in this paper		
	\simeq				
	B. An attorney helped me pro If you check B, you must fill in	-			
	Name of attorney or organizati	on, if any	Attorney's P.I.N.	# – Ask the attorn	еу
			_		
	Business address of attorney or	organization	City	State	ZIP code
	() Attorney's phone number	Attorney's f) ax number – optional	Attorney's emai	l address – optional
4.	Service Instructions				
	If Respondent is filing in paper				
	Check one				
	A. Respondent will accept se	rvice of doc	uments at the attor	ney's address l	isted above; or
	B. Respondent will accept ser	vice of docu	ments in this case	at the mailing a	ddress below.
5.	Certification of Service by M Section 5 to be completed only if filing in This document, if filed electronically, wi	n paper or if th	ne other party is exem		filing.
	l,	, cei	tify that on		, 20
				-	
	I mailed or gave a copy of this An address:	swer to the	other party or the	other party's at	torney at this
	Name of person to whom I delivered or i	nailed it			
	Party's or attorney's mailing address		tv	State	ZIP code
6.	Oath and Signature		,		
	I,	, ha	ve read this Answ	er, and I certify	under penalty
	of perjury and pursuant to the law in this Answer is true and correct.		te of lowa that the	information I h	ave provided
	Signed on: Month Day	Year	Your signature*		
					_
	Mailing address	(City	State	ZIP code
	Phone number Email	1.1		itional email addre	
		aaavoss	Add	itional omail addis	eg if annlicable

Instructions for Rule 17.100-Form 116: General Answer to a Petition, continued

Do not file these instructions

Instructions for Filing an Answer to a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

□ Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file.
 For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented) for eFiling</u> on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when
 you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer.
 The login page can be accessed from two different paths: you may <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of
 your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your Answer. For help, see <u>How to Resubmit a Returned Filing</u>.
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must
 mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where
 the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- · Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, or mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you may serve the Petition by mailing a copy to the attorney at the
 attorney's address on the Petition if box 5B on the Petition is checked.

Do not file these instructions

November 2013 Instructions for Rule 17.100—Form 116

Page 1 of 1

[Court Order May 16, 2007; November 6, 2013]

Forms 117 to 121: Reserved

Rule 17.100—Form 122: Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children

Use this form if you want to ask the court to do something after your court case has already started.

 $If you \ do \ not \ understand \ how \ to \ use \ this form, \ or \ if \ you \ should \ use \ this form, \ talk \ to \ an \ attorney.$

n the Iowa District Court for	County where your case is filed	un
Upon the Petition of	Equity case no.	_
Petitioner Full name: first, middle, last and concerning	Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children	
Respondent Full name: first, middle, last		
 A. O Petitioner B. O Respondent I. Request A. I ask the court to Check all that apply. If you check any box in A, you 	ou must tell the court why you are making this request in	<i>1</i> B.
 (1) Change the hearing date that has been counseling (conciliation). (2) Order counseling (conciliation). (3) Set a hearing date for a divorce Decounseling (alimone). (4) Award me attorney's fees before the counseling support (alimony) to concentration. (5) Award spousal support (alimony) to concentration. (6) Shorten the 90-day waiting period for counseling support. (7) Other request Explain. 	Month Day Ye cree by default. e divorce is final. o me before the divorce is final.	ear
B. I am making the request(s) in this Motio	n because:	

Rule 17.100—Form 122: Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

2.	Attorney Help			
	Check one			
	A. An attorney did not help me prep			
	B. An attorney helped me prepare of If you check B, you must fill in the follow			
	Name of attorney or organization, if any	y Attorney's I	P.I.N. $\#$ – Ask the attor	ney
	During a Jilyang of attacks and a second	ration City	State	 ZIP code
	Business address of attorney or organiz			
	()(ney 's fax number – opti	ional Attorney's emo	ıil address – optional
3.	Certification of Service by Mailing Section 3 to be completed only if filing in paper of This document, if filed electronically, will automate	or if the other party is		; filing.
	I,	_, certify that on _		, 20
	Print your name	$\frac{1}{\Lambda}$	Nonth Day	y , 20
	Name of person to whom I delivered or mailed it Party's or attorney's mailing address	City	State	ZIP code
4.	Oath and Signature			
	l, Print your name	_, have read this IV	lotion, and I certify u	nder penalty of
	perjury and pursuant to the laws of the Sta Motion is true and correct.		information I have p	provided in this
	Signed on: Month Day Year	Your signature*		
	Mailing address	City	State	ZIP code
	Phone number Email address		Additional email add	ress – if available
	* Whether filing electronically or in paper, you must is scan the form after signing it and then file electronic		re on this form. If you are	filing electronically,
No	vember 2013 Rule	e 17.100—Form 122		Page 2 of 2

Rule 17.100-Form 123: Response to a Motion

Use this form if your spouse has filed a Motion (most likely form 122) and you disagree with what your spouse is asking the court to do in that Motion.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County Where your case is filed
Upon the Petition of	Equity case no
Petitioner Full name: first, middle, last	Response to a Motion
and concerning	
Respondent Full name: first, middle, last	
why you disagree with the request in C. (1) Change the hearing date that had (2) Order counseling (conciliation). (3) Set a hearing date for a divorce (4) Award my spouse attorney's fee	as been set for

Rule 17.100—Form 123: Response to a Motion, continued

C. I disagree with the Motion because:	

Rule 17.100-Form 123: Response to a Motion, continued

\overline{Na}	me of attorn	ey or organiza	ation, if any	Attorney's	s P.I.N. # -	- Ask the attorney	
		ss of attorney				State	ZIP code
Ati	torney's pho	ne number	(Attorne	y 's fax number –	optional	Attorney's emai	l address – opt
				ically be served certify that o	_	red parties	, 20
Print you I mailed o this addre	er gave a c		Response			e other party's	
Print you I mailed of this addre	or gave a coess:	opy of this I	Response or mailed it			-	
Print you I mailed of this addre	or gave a coess: rson to whon uttorney's ma	opy of this I	Response or mailed it	to the other p		e other party's	attorney a
Print you I mailed of this addres Name of per Party's or a Oath and	or gave a coess: rson to whom attorney's mad	opy of this I I delivered of uiling address	Response or mailed it	to the other p	party or th	e other party's	attorney at
Print you I mailed of this addres Name of per Party's or a Oath and I, Print you penalty of	r gave a coss: rson to whon attorney's ma d Signatu r name perjury an	opy of this I I delivered of uiling address Ire d pursuant t	Response or mailed it	to the other p	is Respo	e other party's	attorney at
Print you I mailed of this addres Name of per Party's or a Oath and I, Print you penalty of	r gave a coss: rson to whon attorney's ma d Signatu r name perjury an ne informat	opy of this I I delivered of uiling address Ire d pursuant t	Response or mailed it	City have read th	is Respo f lowa tha	nse, and I certi	attorney at
Print you I mailed of this addres Name of per Party's or a Oath and I, Print you penalty of and that the	r gave a coess: rson to whom attorney's mad d Signatu r name perjury an ne informat Month	n I delivered of this I delivered of the siling address Ire d pursuant to the total the siling in I have p	Response or mailed it to the laws rovided in i	City have read th of the State o	is Respo f lowa tha	nse, and I certi	attorney at

Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children

Caution: This form may require you to provide protected or sensitive information. Each party must complete one of these forms.

- 💂 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.
- [a] If filing in paper, you may use form 111 to provide any protected information in full if you have not already done so.

In the Iowa District Court fo	r			County
		County where	your case is filed	
Upon the Petition of		Equity ca	ase no	
Petitioner Full name: first, middle, las	st	_ -	inancial Affidavit f Dissolution of Marr with no Minor o	iage
and concerning		De	ependent Adult Chi	
Respondent Full name: first, midd	lle, last	-		
l am		•		
Check one				
A. Petitioner				
\simeq				
B. Respondent				
l <u>,</u> Print your name		, state that thi	s is a true and compl	ete statement
of my assets, debts, a	and present	income as of th	eday of	, 20
			Day Month	Year
1. Assets Things you and your sp	ouse own.			
A. Real estate Attach additional sheets if nec	2.000.0181			
*Owner (Whose name is on th	-	= Petitioner R = Re	espondent J = Joint (Boti	7)
	1 .	Market value	Debt Total amount you	Net value
Type of real estate	Owner* P,R,J	What it would sell for	still owe on it	Market value minus debt owed
(1) Homestead Address		zen ye.	and to minom once	manage deer en ed
		\$	\$	 \$
			to:	, ·
(2) Other real estate Address		+		
(-)		\$	\$	\$
		Ψ	to:	Ψ

Check this box if you have attached a sheet with additional information on other assets.

Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

B. Vehicles

Includes cars, trucks, motorcycles, and other motorized vehicles.

*Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)

Vehicles Make (e.g. Ford) Year	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net Value Market value minus debt owed
(1)		\$	\$	\$
		Ψ	to:	Ψ
(2)		\$	\$	\$
		 	to:	Ψ
(3)		¢	\$	¢
		\$	to:	\$

Check this box if you have attached a sheet with additional information on other vehicles.

C. Securities, stocks, & bonds

*Owner (Whose name is on the securities, stocks, or bonds?):

P = Petitioner R = Respondent J = Joint (Both)

Securities, stocks, & bonds Company name	Owner* P,R,J	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1)		\$	\$	\$
(1)			to:	Ψ
(2)		\$	\$	\$
(2)		Ψ	to:	y .
(2)		\$	\$	\$
(3)		Φ	to:	Φ

Check this box if you have attached a sheet with additional information on other securities, stocks, & bonds.

D. Life insurance

*Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)

Life insurance Company name	Owner* P,R,J	Cash value Not death benefit	Loan from cash value Total amount still owed on loan	Cash value Minus loan owed
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

[☐] Check this box if you have attached a sheet with additional information on life insurance.

Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

E. Bank accounts

*Owner (Whose name is on the checking or savings account?): P = Petitioner R = Respondent J = Joint (Both)

Checking & savings accounts Bank or Credit Union name If you do not use bank accounts, write "Cash"	Owner*	Cash value	Personal loans or overdraft accounts Total amount you still owe on it	Net value Cash value minus loan / overdraft owed
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

Check this box if you have attached a sheet with additional information on other checking & savings accounts.

F. Household

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Household contents Describe	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1) Furniture			\$	•
a.		\$	to:	\$
b.		\$	\$	\$
D.		Ψ	to:	ý
C.		\$	\$	\$
C.		Ψ	to:	y .
d.		\$	\$	\$
u.		Ψ	to:	y .
(2) Appliances / Electronics		\$	\$	\$
a.		\$	to:	ý
b.		\$	\$	\$
D.		Ψ .	to:	Ψ
C.		\$	\$	\$
C.		Ψ	to:	J
d.		\$	\$	\$
ч.		<u> </u>	to:	•
(3) Other contents		\$	\$	\$
a.		Ψ	to:	Ψ

Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

b.	\$	\$ to:	\$
C.	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other household assets.

G. Retirement assets

*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)

Retirement assets Examples: Pensions, IRAs, 401(k)s, annuities, etc.	Owner*	Market value What it would sell for	Loan from retirement account Total amount you still owe on it and to whom owed	Net value Market value minus loan owed
(1)		\$	\$ to:	₩
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other retirement assets.

H. Other assets

Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Other assets Describe	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1)		\$	\$	\$
(1)		Ψ	to:	Ψ
(2)		\$	\$	\$
(2)		Φ	to:	Ψ
(3)		\$	\$	\$
(3)		Φ	to:	Ψ

Check this box if you have attached a sheet with additional information on other assets.

Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

Totals

(1) Total from attached sheets	Listed in 1A-H.	\$
(2) Total net value of assets	Listed in 1A-H.	\$

2. Other Debts Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.

*Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)

Other debts List only those not included as "debt" or "loans" under "Assets" in part 1.	Whose debt?*	Amount owed
(1)		\$
(2)		\$
(3)		\$
(4)		\$
(5)		\$
(6)		\$
(7)		\$
(8)		\$
(9)		\$
(10)		\$
(11)		\$
(12)		\$
(13)		\$
(14)		\$
(15)		\$
Check this box if you have attached a sheet with additional information on other debts, and enter the total.	•	\$
Total other debts Including amounts shown on attached sheet, if any.		\$

Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

3. Income and Deductions

A. Petitioner's Income and Deductions If you are Respondent, give your best estimate for each amount.

*How often is income paid or deduction taken?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Current income and deductions	In	come	Ded	uctions
for Petitioner Sources of income and deductions	How often paid?* W,B,M,T	Gross amount Before deductions	How often taken?* W,B,M,T	Amount of deduction
(1) Wages from employer Employer name: Job title:		\$		\$
(2) Wages from employer Employer name: Job title:		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other Identify:		\$		\$
(7) Other Identify:		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.		\$		\$
Totals Current income and deductions for Petitioner		\$ Income total		\$ Deductions

 $Rule\ 17.100 - Form\ 124: \textit{Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children,} \ continued$

B. Respondent's Income and Deductions If you are Petitioner, give your best estimate for each amount. *How often is income paid or deduction taken?

 $W = Weekly \ B = Bi$ -weekly (every other week) $M = Monthly \ T = Two \ times \ a \ month$

	In	come	Ded	uctions
Current income and deductions for Respondent Sources of income and deductions	How often paid?* W,B,M,T	Gross amount Before deductions	How often taken?* W,B,M,T	Amount of deduction
(1) Wages from employer Employer name: Job title:		\$		\$
(2) Wages from employer Employer name: Job title:		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other Identify:		\$		\$
(7) Other Identify:		\$		\$
(8) Other Identify:		\$		\$
(9) Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on Respondent's income and deductions.		\$		\$
Totals Current income and deductions for Respondent		\$ Income total		\$ Deductions total

4. Expenses

A. Living arrangements

Check o	ne
(1)	My spouse and I live in the same home.
(2)	My spouse and I do not live in the same home.

Rule 17.100—Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

B. My expenses

Note: You must complete this section if you or your spouse wants spousal support (alimony). *How often paid?: $W = Weekly \ B = Bi\text{-weekly}$ (every other week) M = Monthly

T = Two times a month A = Annually

Type of expense	Paid to	How often paid?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$
(5) Medical, dental Not health insurance payments – see 4B(10).			\$
(6) Utilities (gas, electric)			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense Identify:			\$
(15) Other expense Identify:			\$
(16) Other expense Identify:			\$
(17) Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on your expenses.			\$
Total expenses			\$

Page 9 of 9

 $Rule\ 17.100 - Form\ 124: \textit{Financial Affidavit for a Dissolution of Marriage with no \textit{Minor or Dependent Adult Children}, continued and the property of th$

5.	Attorney Help Check one								
	A. An attorney did not help me prepare or fill in this paper.								
	B. An attorney helped	d me prepare o	r fill in	this paper.					
	Name of attorney or o	rganization, if any	,	Attorney's P.I	I.N. # – Ask	the attorn	пеу		
	Business address of at	torney or organiza	ation	City		State	ZIP code		
	()_ Attorney's phone num	ber () _ ev 's fax	number – option	al Attorn	ev 's ema	il address – optiona		
6.	Certification of Servic Section 6 to be completed only This document, if filed electron	if filing in paper o	r if the	other party is e			filing.		
	I,		certif	v that on			20		
	Print your name		., 001111	$\frac{1}{Moi}$	nth	$-{Dav}$, ZO Year		
	Party's or attorney's mailing a	ddress	City			State	ZIP code		
7.	Oath and Signature								
	I,		, have	read this Fir	nancial Affi	davit, aı	nd I certify		
	under penalty of perjury ar Financial Affidavit and that	the information	I have	provided in it					
	Signed on: Month Day	, 20 Year	Your	signature*					
	Mailing address		City			State	ZIP code		
	() Phone number	Email address			Additional er	nail addr	°ess – if available		
	* Whether filing electronically or scan the form after signing it an			e your signature	on this form.	f you are j	filing electronically		

Rule 17.100—Form 124

November 2013

Rule 17.100—Form 125: Affidavit of Mailing Notice

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where your case is filed		
Upon the Petition of Petitioner Full name: first, middle, last and concerning	Equity case no. Affidavit of Mailing Notice		
 Respondent Full name: first, middle, last 1. Attorney Help Check one A. An attorney did not help me prepare or B. An attorney helped me prepare or fill ir If you check B, you must fill in the following in 	n this paper.		
Name of attorney or organization, if any Business address of attorney or organization	Attorney's P.I.N. # – Ask the attorney City State ZIP code	de	
() () Attorney's phone number Attorney's fa	x number – optional Attorney's email address	– optio	

Important Notice to Petitioner

Petitioner **must** file this if he or she served Notice by Publication in a newspaper and asks the court for a divorce Decree by default. Petitioner **must** also complete the oath and signature section on the next page.

Petitioner's Oath and Signature on next page

Rule 17.100-Form 125: Affidavit of Mailing Notice, continued

I.	. certify under penalt	v of periury and	pursuant to th					
I,, certify under penalty of perjury and pursuant to the Print your name								
laws of the State of lowa that on the	day of	, 20, I se	ent by ordinar					
	Day Month	Year						
mail with proper postage, the following	g paper or papers:							
Original Notice and Petition for Dis	ssolution of Marriage, or							
Notice of Intent to File a Written A	polication for Default Dec	ree						
to Respondent's last-known address	as follows:							
to Respondent's last-known address	as follows:	State	ZIP code					
		State	ZIP code					
		State	ZIP code					
	City		ZIP code					
Respondent's street address	City		ZIP code					
Respondent's street address, 20	City		ZIP code					
Respondent's street address	City Petitioner's signature	g*						
Respondent's street address, 20	City		ZIP code					
Respondent's street address	City Petitioner's signature	g*						

^{*} Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.100—Form 126: Notice of Intent to File Written Application for Default Decree

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the	lowa District Court fo	or	<i>Q</i>		£1. 1		County
			Couni	ty where your case is	піеа		
Upon	the Petition of			Equity case no.			
Petiti	oner Full name: first, middle, la:	st	-	Notice of Ir Application			
and co	oncerning						
Resp	ondent Full name: first, midd	le, last	_				
To:							
\overline{R}	espondent's first name	Middle name		Last name			
Date o	f Notice:		_, 20_				
	Month	Day	Y	ear			
	I	mportant No	tice to	Respondent:			
	You are in default beca ss you act within 10 days fro e entered against you witho You	om the date of t ut a hearing, ar	this No nd you	tice, a Default Decr	ee of I erty or	Dissolution	n of Marriage
			/«	=/			
	ritten signature of Petitioner o in paper	r attorney	or	SI		etitioner or	Attorney
The per	son who provided the signatur	e above must fill	l in the i	information below.			
\overline{Pre}	esent street address (If attorney	v, firm address)	- City	y		State	ZIP code
(_)						
Ph	one number	Email o	address				
Instru	ctions for Petitioner						
	Filing your Notice electro	onically					
	EDMS will automatically ser filing requirements.	ve Respondent u	ınless R	espondent is exempt	from e	lectronic	
	Filing your Notice in pap	er (if you have i	received	l permission from the	court	to file in pa	iper)
	 Deliver a copy of this form Complete form 125 and find File the original of this form Keep a copy for your recommendation 	ile the original at rm (126) at the c	the cle	rk of court's office.			

Rule 17.100—Form 127: Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children

Caution: This form may require you to provide protected or sensitive information.

Use this form only if you have filed a Petition for Dissolution of Marriage (101) and:

- Your spouse (Respondent) did not file an Answer, or
- Your spouse will not work with you to prepare a Settlement Agreement (128).
 - If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.
 - ffiling in paper, you may use form 111 to provide any protected information in full if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where your cas	se is filed	County
Upon the Petition of	Equity case no)	
Petitioner Full name: first, middle, last	of Marria	age with no	
and concerning	Берепо	dent Adult (Ciliaren
Respondent Full name: first, middle, last	_		
 1. Personal Information Fill in all informand you fear for your safety, you may leave you I am Check one A. Petitioner B. Respondent (1) Petitioner's birth year and prese 	ır address, phone number, ar	nd email blank.	
Petitioner's present street address	City	State	ZIP code
County	Phone number	Email a	ddress
(2) Respondent's birth year and pre	esent residence: Birth ye	ar	
Respondent's present street address	City	State	ZIP code

Re	quest	for Relief
A.	Childre	en Check all that are true
	(1)	There are no children under the age of 18 who are children of both Petitioner and Respondent.
	(2)	There are no children under the age of 18 who were adopted or born during this marriage.
	(3)	There are no children 18 years of age or older who still need support.
	(4)	Neither Petitioner nor Respondent is pregnant.
В.	Break	down of marriage
	The ma	rriage is broken down and cannot be saved.
C.	Couns	seling
	Counse	ling will not save the marriage.
D.	Waiting	g period before decree Check one
	(1)	More than 90 days have passed since Respondent was served with an Original Notice.
	(2)	Fewer than 90 days have passed since Respondent was served with an Original Notice, but I want the court to take action right away without a separate hearing. There are no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how I would like to settle all issues in my divorce.
E.	Financ	ial affidavits Check one
	(1) 🔿	I filed a Financial Affidavit (124). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
	(2) 🔿	I am asking that the court not require me to file a Financial Affidavit. Explain
F.	Divisio	n of personal property Check one
	(1) 🔿	All of the personal property obtained during the marriage has been divided. I ask that Petitioner will keep the personal property in Petitioner's possession, and Respondent will keep the personal property in Respondent's possession. If you check (1) , skip to G .
	(2)	I ask that our personal property be divided as follows: Attach additional sheets if necessary.
	a.	Petitioner will get the following as Petitioner's separate personal property:
	b.	Respondent will get the following as Respondent's separate personal property:
	A.B.C.D.	(1)

G.	Divisi	on of real estate						
		ch parcel of real estate you own, provide a separate sheet for each additional parc						
	(1) Ownership of real estate							
	C	heck one						
	a.	7	* *					
	b.	We own real estate located at:	Street address	1				
			, County of	and				
		•		, and				
		State of	This land is described in the deed as follows:					
	(2) T	he real estate shall be:						
	` '	he real estate shall be: heck one						
	a.	_	led% to Petitioner and%					
	u.	to Respondent.	70 to 1 etitlories and70					
	 b. Awarded to Petitioner, subject to all liens and mortgages. c. Awarded to Respondent, subject to all liens and mortgages. 							
	d.	Other Explain						
	(3) A	dditional real estate						
		Check this box if you are attaching sep	varate sheets for additional parcels of real estate.					
Н.	Divisi	on of debts						
	Check	one						
	(1)	There are no debts.						
	(2)) I have listed all the debts I know ab	out and ask that they be divided as follows:					
		Attach additional sheets if necessary.	•					
	a.	Petitioner will pay the following deb	ts:					

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$

I.

J.

(c)		\$
(d)		\$
(e)		\$
Check this box if you are attaching a separate st Petitioner's debts.b. Respondent will pay the following debts:	neet listing additional information	about
i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$
(3) Respondent pay Petitioner \$and debts by	y money to the other. to equalize the d, 20	ay that debt.
Check one		
I ask that:		
(1) Neither Petitioner nor Respondent pay sp(2) Spousal support (alimony) be paid as follows:		e other.
(2) Spousal support (alimony) be paid as follo	,vvo	

3.

K.	Name change Check one	
	I ask that my last name	
	(1) Not be changed.	
	(2) Be changed to:	Name can only be changed to
	Print your former or birth name	name on birth certificate or name
L.	Court fees	used immediately prior to the marriage.
	Check one	
	I ask that	
	(1) Petitioner will pay all court fees.	
	(2) Respondent will pay all court fees.	
	(3) Petitioner and Respondent shall each pay one-half of	the remaining court fees.
	(4) Petitioner and Respondent shall each pay one-half of	
N /		
IVI.	Attorney's fees Check one	
	(1) I have no attorney's fees.	
	(2) I will pay my own attorney's fees.	
		uttornovis foos
	(3) I ask that my spouse pay me \$ for a	illorney's rees.
N.	Necessary documents	
	I ask that the court require each of us to sign and deliver to eaneeded to carry out the terms of the Decree.	ch other any papers that may be
Ο.	Other request for relief Attach additional sheets if necessary	
~.	4 4 4 4 4 4 4	
	atements of understanding and fact ck all that apply	
A.	☐ I have made a full disclosure of my property and deb	ts to the court.
B.	☐ This request for relief addresses all issues in my divo	orce.
C.	☐ I want the court to approve this request for relief and	make it part of the final Decree.
	Continued on next page	

4. Attorney Help

	Name of attorney or organ	ization, if any	Attorney's P.I.N.	# – Ask the attorn	ney
	Business address of attorne	ey or organization	- City	State	ZIP code
	() Attorney's phone number	() Attorney's fa	x number – optional	Attorney's ema	il address – opti
	tyour name ed or gave a copy of this ss:			•	
Name (of person to whom I delivered	l or mailed it			
Party'	s or attorney's mailing addre	SSS City		State	ZIP code
Party': Oath I, Prin of per in this	and Signature tyour name jury and pursuant to the Request is true and con	., hav laws of the Stat	e read this Requ e of lowa that the	est, and I certif	y under pena
Party': Oath I, Prin of per in this	s or attorney's mailing addre	laws of the Staterect.	e read this Reque of lowa that the Your signature*	est, and I certif	y under pena
Party': Oath I,	and Signature tyour name jury and pursuant to the Request is true and con	laws of the Staterect.	e read this Requ e of lowa that the	est, and I certif	y under pena
Party': Oath I,	and Signature tyour name jury and pursuant to the Request is true and column: Month g address)	laws of the Staterect.	e read this Reque of lowa that the Your signature*	est, and I certif	y under pena nave provide

Rule 17.100—Form 128 Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children

Caution: This form may require you to provide protected or confidential information.

Use this form only if you and your spouse both agree to the terms of a settlement agreement.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.
- If filing in paper, you may use form 111 to provide any protected information in full.

Do not use this form if:

- You and your spouse have children under the age of 18, or
- You and your spouse have children 18 years of age or older who still need support.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the	lowa District Court for	County where you	r case is filed	County
Upo	n the Petition of	Equity cas	se no	
Petit	ioner Full name: first, middle, last	Dissol	lement Agreem lution of Marria r Dependent Ac	ge with no
and o	concerning			
Resp	pondent Full name: first, middle, last			
	rsonal Information Fill in all in			ulted by your spouse
and	ersonal Information Fill in all in all in all you fear for your safety, you may leave Petitioner's birth year and prese Petitioner's present street address	your address, phone numb	per, and email blank.	ulted by your spouse ZIP code
and	l you fear for your safety, you may leave Petitioner's birth year and prese	your address, phone numb nt residence: Birth yea.	er, and email blank. r	ZIP code
A.	you fear for your safety, you may leave Petitioner's birth year and prese Petitioner's present street address	your address, phone numb nt residence: Birth year City Phone number	r State Email a	ZIP code
A.	Petitioner's birth year and prese Petitioner's present street address County	your address, phone numb nt residence: Birth year City Phone number esent residence:	r State Email a	ZIP code

2. Agreements

	agree to the following:
A.	Children Check all that are true
	(1) There are no children under the age of 18 who are children of both Petitioner and Respondent.
	(2) There are no children under the age of 18 who were adopted or born during this marriage.
	(3) There are no children 18 years of age or older who still need support.
	(4) Neither Petitioner nor Respondent is pregnant.
B.	Breakdown of marriage
	The marriage is broken down and cannot be saved.
C.	Counseling
_	Counseling will not save the marriage.
D.	Waiting period before decree Check one
	(1) More than 90 days have passed since Respondent was served with an Original Notice.
	(2) Fewer than 90 days have passed since Respondent was served with an Original Notice, but we want the court to take action right away without a separate hearing. We have no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how we would like to settle all issues in our divorce.
E.	Financial affidavits Check one
	(1) Petitioner or Respondent has filed a Financial Affidavit (124).
	If you check (1), check a and/or b.
	 a. Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts.
	b. Respondent has filed a Financial Affidavit. Respondent certifies that Respondent
	has fully disclosed all income and the identity and value of all assets and debts.
	(2) We are asking that the court not require us to file Financial Affidavits because: Explain
F.	Division of personal property Check one
	(1) We have divided our personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.
	If you check (1), skip to G.
	(2) Our personal property will be divided as follows: Attach additional sheets if necessary.
	a. Petitioner will get the following as Petitioner's separate personal property:

Rule 17.100—For	rm 128: Settlement Agreement for a Dissolution of Ma	rriage with no Minor or Dependent Adult Children, continued	
b	p. Respondent will get the following as	Respondent's separate personal property:	
	-		
G Divis	sion of real estate		
	each parcel of real estate you own, provide	the following information.	
	h a separate sheet for each additional parc		
(1) C	Ownership of real estate		
C	Check one		
а	<u> </u>		
b		Street address	
	in the City of	, County of	_, and
	State of	This land is described in the deed as follows:	
` '	The real estate shall be: Check one		
а		ed% to Petitioner and%	
<u>.</u>	to Respondent.	7 to Femilioner and	
b	D. Awarded to Petitioner, subject to	o all liens and mortgages.	
С	c. Awarded to Respondent, subject	t to all liens and mortgages.	
d	d. Other Explain		
(3) A	Additional real estate		
	Check this box if you are attaching sepa	arate sheets for additional parcels of real estate.	
H Divis	sion of debts		
Check			
(1)	There are no debts.		
(2)	ξ	know about and ask that they be divided as fo	llows:

Rule 17.100—Form 128: Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

Month

Month

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

I. Cash payment

۱۸	۵	as	b	th	at
vv	е	as	κ	LI	เลเ

Check one

(1)	Neither Petitioner nor Respon	dent pay any money to	the other.
(2) 🔿	Petitioner pay Respondent \$ _ and debts by		to equalize the division of property
		20	

Respondent pay Petitioner \$ _ __ to equalize the division of property and debts by Day

Year

Day

 $Rule\ 17.100 - Form\ 128: \textit{Settlement Agreement for a Dissolution of Marriage with no \textit{Minor or Dependent Adult Children}, continued to the property of th$

J.	Spousal support (alimony) Check one	
	We ask that:	
	(1) Neither Petitioner nor Respondent pay spo	usal support (alimony) to the other.
	(2) Petitioner pay spousal support (alimony) to	
	(3) Respondent pay spousal support (alimony)	to Petitioner as follows:
K.	Name change	
	Check one	
	We ask that	
	(1) Petitioner's name	
	a. Not be changed.	
	b. Be changed to:	Name can only be changed to name on birth certificate or name used
	Print Petitioner's former or birth name	immediately prior to the marriage.
	(2) Respondent's name	
	a. Not be changed.	
	b. O Be changed to:	Name can only be changed to name on birth certificate or name used
	Print Respondent's former or birth name	immediately prior to the marriage.
L.	Court fees	
	Check one	
	We ask that	
	(1) Petitioner will pay all court fees.	
	(2) Respondent will pay all court fees.	
	(3) Petitioner and Respondent shall each pay	one-half of the remaining court fees.
	(4) Petitioner and Respondent shall each pay	one-half of the total court fees.

Rule 17.100—Form 128: Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

M.	Attorr	ey's fees	
	(1) Pe	etitioner's attorney's fees	
	CF	neck one	
	a.	Petitioner has no attorney's fees.	
	b.	Petitioner will pay Petitioner's attorney's fees.	
	C.	Respondent will pay \$	for Petitioner's attorney's fees.
	(2) Re	espondent's attorney's fees	
	CF	aeck one	
	a.	Respondent has no attorney's fees.	
	b.	Respondent will pay Respondent's attorney's fee	es.
	C.	Petitioner will pay \$	for Respondent's attorney's fees.
N.	Neces	ssary documents	
		Il sign and promptly deliver to each other any papers the ment Agreement.	nat may be needed to carry out this
Ο.	Othe	r agreements	
	Attach	additional sheets if necessary	

3.		torney Help						
	A.	Petitioner						
		(1) An atte	orney did not h	elp me prepare	or fill in this pap	er.		
		\simeq		ne prepare or fil				
					owing information	<i>i</i> :		
		Name of at	torney or organi	zation, if any	Attorney's P.	.I.N. # – A:	sk the attori	ney
		Business ac	ddress of attorne	y or organization	i City		State	ZIP code
		()	()			
	В		phone number	Attorney's	fax number – optio	nal Atto	orney's ema	iil address – optional
	Б.	Respondent			- C.H.; - H.;			
		\sim	-		or fill in this pap	er.		
		(2) An atte	orney helped m check (2), you m	ne prepare or fil ust fill in the foll	I in this paper. owing information	<i>ı</i> :		
		Name of at	tomey or organi	zation, if any	Attorney's P.	.I.N. # - As	sk the attor	ney
		Business ac	dress of attorne	y or organization	i City		State	ZIP code
		()	()			
		Attorney's	phone number	Attorney's	fax number – optio	nal Atto	orney's emo	til address – optional
4.	Oa	aths and Sig	natures					
	pro	_			our divorce. We urt to approve this			
	Α.	Petitioner's Oa	ath and Signatu	ıre				
		1,	_		rtify under penalty	of perjury a	and pursuar	nt to the
		Print your nam		ave read this Set	tlement Agreemer	nt and it acc	urately stat	es how I would
					I know I have the			
		_			ent. I am asking th	nat this Sett	tlement Agr	eement be
		presented to a j	uage for approva	l and filing with t	ne court.			
		Month	Day	, 20 <u></u>	Petitioner's :	sionature*		
			,					
		Mailing address	· ·	<i>C</i>	ity		State	ZIP code
		() Phone number		Email address		- Addition	nal email ac	ldress – if available
			•		handwrite your sign on file electronically		form. If you	ı are filing
				Continu	ied on next pag	ge		

Rule 17.100—Form 128: Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children, continued B. Respondent's Oath and Signature certify under penalty of perjury and pursuant to the Print your name laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court. Month Respondent's signature* Mailing address City ZIP code State Email address Additional email address - if available

^{*} Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rules 17.101 to 17.199 Reserved.

Rule 17.200 Family law forms for dissolution of marriage with dependent children. The following forms are for use in dissolution of marriage (divorce) actions with children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and are dependent or still need support. These forms must also be used if a spouse of the marriage is pregnant.

Form 201: Petition for Dissolution of Marriage with Children

Form 202: Petition Cover Sheet for a Dissolution of Marriage with Children

Form 203: Confidential Information Form

Form 204: Original Notice for Personal Service
Form 204a: Original Notice for Personal Service

Form 205: Acceptance of Service

Form 206: Directions for Service of Original Notice
Form 207: Motion and Affidavit to Serve by Publication

Form 208: Original Notice by Publication

Form 209: Application and Affidavit to Defer Payment of Costs

Form 210: Affidavit of Service of Original Notice and Petition for Dissolution of

Marriage

Form 211: Protected Information Disclosure
Form 212: Joint Statement on Legal Parent
Form 213: Motion to Disestablish Legal Parent

Form 214: Reserved

Form 215: Answer to Petition for Dissolution of Marriage with Children

Form 216: General Answer to a Petition for Dissolution of Marriage with Children

Forms 217 to 220: Reserved

Form 221: Affidavit for Temporary Custody and Visitation
Form 222: Motion in a Dissolution of Marriage with Children

Form 223: Response to a Motion

Form 224: Financial Affidavit for a Dissolution of Marriage with Children

Form 225: Affidavit of Mailing Notice

Form 226: Notice of Intent to File Written Application for Default Decree

Form 227: Request for Relief in a Dissolution of Marriage with Children

Form 228: Settlement Agreement for a Dissolution of Marriage with Children

Form 229: Agreed Parenting Plan
Form 230: Proposed Parenting Plan

Forms 231 to 300: Reserved

[Court Order December 19, 2013; March 26, 2014]

Rule 17.200—Form 201: Petition for Dissolution of Marriage with Children

Read the Guide to Representing Yourself in an Iowa Divorce Case with Children on the Iowa Judicial Branch website before using this form.

Petitioner: Use this form only if your spouse lives in Iowa or you have lived in Iowa for the last year before you file the Petition, and one or more of the following are true:

- There are children under age 18 who are children of both Petitioner and Respondent.
- There are children under age 18 who were born or adopted during this marriage.
- There are children over age 18 who still need support.
- · A spouse is pregnant.

Do not use this form if all of these are true (instead, use form 201):

- You and your spouse do not have children under age 18.
- . You and your spouse do not have children age 18 or over who still need support.
- A spouse is not pregnant.
- If filing electronically, you must provide any protected information in full on form 211.
- If filing in paper, you may use form 211 to provide any protected information in full.

In the Iowa District Court fo		County
In Re the Marriage of:	County where you are file	ing this Petition
Your current legal name	Your spouse 's c	urrent legal name
Upon the Petition of		
	For clerk's use only	
Petitioner Full name: first, middle, last The spouse who files the Petition and concerning	Petition	for Dissolution of Marriage with Children
Respondent Full name: first, middle, last The other spouse		
	e your street address, phone n d present residence:	
1. Personal Information Fill in all in and you fear for your safety, you may leave	e your street address, phone n d present residence:	umber, and email blank.

Rule 17.200—Form 201: Petition for Dissolution of Marriage with Children, continued

					Birth ye	ar		
	Respondent's present	street address	- City		State	ZIP code		
	County		() Phone numbe	<u> </u>	Email ac	ddress		
C.	Other person, if ar Fill in as much inform			ody rights of the	parties' o	children:		
	Full name: first, midd	le, last	_					
	Present street address	7	City		State	ZIP code		
	County		() Phone numbe		Email ac	ddress		
A.	Date and location	,						
	Month	Day Ye	City		S	tate		
В.	c. Children							
	Check all that are true							
	 (1) There are children under age 18 who are children of both Petitioner and Respondent. (2) There are children under age 18 who were adopted or born during this marriage. This includes any child born to a spouse during the marriage, but for whom the other spouse is a parent. 							
	(2) There are cl	hildren under a	ge 18 who were	adopted or born d	luring this	marriage.		
	(2) There are c	hildren under a any child born i	ge 18 who were to a spouse during	adopted or born d g the marriage, but fo	luring this	marriage.		
	(2) There are cl This includes a parent.	hildren under a sany child born i hildren 18 year	ge 18 who were to a spouse during s or older who s	adopted or born d g the marriage, but fo	luring this	marriage.		
C.	(2) There are control This includes a parent. (3) There are control There are con	hildren under a sany child born i hildren 18 year r Respondent is	ge 18 who were to a spouse during s or older who s	adopted or born d g the marriage, but fo	luring this	marriage.		
C.	(2) There are of This includes a parent. (3) There are of the Third are o	hildren under a sany child born i hildren 18 year r Respondent is ildren	ge 18 who were to a spouse during s or older who s s pregnant.	adopted or born d g the marriage, but fo	luring this or whom the	marriage. ne other spouse		
C.	(2) There are of This includes a parent. (3) There are of the Third and There are of the Third and There are of the Third and Third a	hildren under a sany child born i hildren 18 year r Respondent is ildren	ge 18 who were to a spouse during s or older who s s pregnant.	adopted or born d g the marriage, but fi till need support. First, middle,	luring this or whom the	marriage. ne other spouse		
C.	(2) There are of This includes a parent. (3) There are of the Third and	hildren under a sany child born i hildren 18 year r Respondent is ildren	ge 18 who were to a spouse during s or older who s s pregnant.	adopted or born d g the marriage, but fi till need support. First, middle, initials of eac	luring this or whom the	marriage. ne other spouse		
C.	(2) There are of This includes a parent. (3) There are of the Third and the Third are of the Third are	hildren under a sany child born i hildren 18 year r Respondent is ildren	ge 18 who were to a spouse during s or older who s s pregnant.	adopted or born d g the marriage, but fi till need support. First, middle, initials of eac (4)	luring this or whom the	marriage. ne other spouse		
C.	(2) There are of This includes a parent. (3) There are of the Petitioner of Identification of characteristics of each child (1) (2) (3)	hildren under a s any child born s hildren 18 year r Respondent is ildren Birth y	ge 18 who were to a spouse during s or older who s s pregnant.	adopted or born d g the marriage, but fi till need support. First, middle, initials of eac (4) (5)	luring this or whom the	marriage. ne other spouse		
	(2) There are of This includes a parent. (3) There are of the Petitioner of Identification of characteristics of each child (1) (2) (3)	hildren under a sany child born in hildren 18 year r Respondent is ildren Birth y	ge 18 who were to a spouse during s or older who s s pregnant.	adopted or born of gifne marriage, but for till need support. First, middle, initials of eac (4) (5) (6)	luring this or whom the	marriage. ne other spouse		
	(2) There are of This includes a parent. (3) There are of the Petitioner of Identification of chemical initials of each child (1) (2) (3) Check this box if	hildren under a s any child born i hildren 18 year r Respondent is ildren Birth y you have attache rrangements hildren have live	ge 18 who were to a spouse during s or older who s s pregnant. year ed a separate sheet a	adopted or born of githe marriage, but for till need support. First, middle, initials of eac (4) (5) (6) It listing additional control of the five years and the	luring this or whom the Relation the Relatio	Birth year		
	(2) There are of This includes a parent. (3) There are of the This includes a parent. (4) Petitioner of the Identification of characteristics of each child of the Identification of the Identifi	hildren under a s any child born i hildren 18 year r Respondent is ildren Birth y you have attache rrangements hildren have live	ge 18 who were to a spouse during s or older who s s pregnant. year ed a separate sheet a	adopted or born of githe marriage, but for till need support. First, middle, initials of eac (4) (5) (6) It listing additional control of the five years and the	luring this or whom the Relation the Relatio	Birth year		

Rule 17.200-Form 201: Petition for Dissolution of Marriage with Children, continued Lived with Adult name State City (2) Children: Initials Initials Initials Initials Initials Lived with Adult name mm уууу State (3) Children: Initials Initials Initials Initials Initials Lived with Adult name State City (4) Children: Initials Initials Initials Initials Initials Lived with Adult name mmCity State (5) Children: <u>Initials</u> Initials Initials Initials Initials Lived with from Adult name dd mm mmyyyy State ☐ Check this box if you have attached a separate sheet listing additional children. If the children have been in Iowa for less than six months, you may be able to get a divorce, but you might not be able to get custody. The rules are complicated and you may need to talk to an attorney. E. Petitioner's residence You cannot get a divorce in Iowa if your spouse does not live in Iowa and you have lived in Iowa for less than one year, or if you came to live in Iowa just to get a divorce. If you do not live in Iowa, you can only get a divorce in Iowa if your spouse lives in Iowa. If you have questions about this, talk to an attorney. (1) The only reason that Petitioner (you are Petitioner) is living in Iowa is just to get a divorce. True If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."

Rule	17.2	00—Form	201: .	Petition for Dissolu	tion of Marria	ge with Children	, continued			
				ner has lived i			years	and	months	
		in _				_ county.				
			-	u have always li i have been a re:					ast moved to Iowa.	
	F.	Parties	s' re	esidence						
		divorce	in Io	owa.	e in Iowa, yo	ou must have	lived in Iow	va for the l	ast year before you may obt	ain a
				that is true	مرياما ما ام	for more the	an ana vaa			
				titioner has liv				ır.		
		(2) 📙	Re	espondent (you	ur spouse)	is a residen	t of lowa.			
	G.			of the marria	ige					
		Check a	ill th	at are true						
				e marriage is						
		(2)		is is the only o you did not ched			_		-	
		(3)	Th	is Petition is b	eing filed i	n good faith	for the pur	pose of e	nding the marriage.	
		(4)	Co	unseling will n	ot save the	marriage. If	^f counseling i	may save tl	ne marriage, do not check (4)	
	Н.	•		ent's status that is true						
		(1)	Re	espondent (you	ır spouse)	is in the mili	itary service	e.		
				you check (1), thouse is in the mi					se from going forward if yo	ur
		(2)	Re	espondent is in	prison or	jail at			in	
						Name o	of facility		State	
	I.	Check of		or no conta	ct order					
		(1) 🔿		ere is neither espondent (you	•		r a "no cont	tact order	" between Petitioner (you) and
		(2) 🔿		ere is a "prote ou check (2), fi				r" betwee	n Petitioner and Respond	lent.
			a.	County and st	ate where t	he order came	e from:			
							Cou	nty	State	
			b.	Court case nu						
3.		her Ca eck A or		s About the	e Childre	en				
	A.	\bigcirc Th	ere	are no other	cases ab	out the chil	ldren. <i>If yo</i>	ou check A	skip to 4.	
	B.	If there	is ar		t of state ab	out the childr	en, an Iowa		not be able to issue an orde to talk to an attorney.	er

Rule 17.200-Form 201: Petition for Dissolution of Marriage with Children, continued If you check B, fill in the applicable information below. (1) Juvenile court Check a or b. There is no juvenile court case. There is a juvenile court case. If you check b, fill in the following information: County and state of the juvenile court case: County State Juvenile court case number: Check one Concurrent jurisdiction has been granted. Concurrent jurisdiction has not been granted. If the juvenile court has not given concurrent jurisdiction (permission), then child custody cannot be decided in this case. You should talk to an attorney. (2) Custody order You might not be able to get custody in Iowa if there is a custody order entered in another state. Check a or b. There is no custody order. There is a custody order. If you check b, fill in the following information: County and state where the custody order came from: County State ii. Court case number: (3) Child support order Check a or b. There is no child support order. There is a child support order. If you check b, fill in the following information: County and state where the child support order came from: County State Court case number: **4.** Other Information All of the basic information you need to tell the court is listed on this form. Provide other information only if you need to explain something. 5. Petitioner's Request A. Petitioner asks the court to: Check all that apply. The court will only consider items that are checked. (1) End the marriage of Petitioner (you) and Respondent (your spouse)

Rule 17.200—Form 2	201: Petition for Dissolution of Marriage with Children,	continued
(2)	Decide custody and visitation.	
(3)	Order child support and medical suppor	t.
(4)	Order payment of school or college tuitie	on.
(5)	Fairly divide the property and the debts	of the parties.
(6)	Order that Respondent pay the court fee	es.
(7)	Order that Respondent pay for Petitioner's If you check (7), you must file form 222.	s attorney's fees before the divorce is final.
(8)	Order that Respondent pay spousal sup If you check (8), you must file form 222.	port (alimony) to Petitioner.
(9)	Change Petitioner's last name to:	Name can only be changed to name on birth certificate or name used immediately prior to the marriage.
	Print your former or birth name	
(10)	Order counseling to save the marriage.	
(11)	Other request:	

6. Attorney Help

Rule 17.200—Form 201: Petition for Dissolution of Marriage with Children, continued

	Check one					
	A. An attorney of	did not help n	ne prepare o	or fill in this paper.		
	B. An attorney h		•			
	If you check B,	you must fill in	the following i	nformation:		
	77				(f	
	Name of attorne	ey or organizati	ion, if any	Attorney's P.I.N.	#-Ask the attorne	y
	Business addres	ss of attornev of	r organization	- City	State	ZIP code
				•		
	() Attorney's phon	ne number	_ () Attorney's f	ax number – optional	Attorney's email	address – optiona
7			, ,		,	
1.	Service Instruction If Petitioner is filing in					
	Check one	п рарег,				
	A. Petitioner wil	l accept serv	rice of docun	nents at the attorn	ev's address list	ted above: or
	$\mathbf{\tilde{z}}$			ents in this case at		
	•	-	oo or dooding	The in this sace at	and maining addit	000 0010 11.
	Oath and Signatu	ro				
8.	Oath and Signatu	ie				
8.	I,	ile	, ha	∕e read this Petitio	on, and I certify ເ	under penalty
8.	I, Print your name			e read this Petition		
8.	I, Print your name of perjury and pursu	ant to the lav	vs of the Sta			
8.	I, Print your name	ant to the lav	vs of the Sta	te of lowa that the		
8.	I,	ant to the lav	vs of the Sta	te of lowa that the		
8.	I, Print your name of perjury and pursu	ant to the lav	vs of the Sta			
8.	I,	ant to the lav	ws of the Sta :. _, 20 <u>Year</u>	te of lowa that the		
8.	I, Print your name of perjury and pursuin this Petition is true Signed on: Month	ant to the lav	ws of the Sta :. _, 20 <u>Year</u>	te of lowa that the	information I ha	ave provided
8.	I, Print your name of perjury and pursuin this Petition is true Signed on: Month	ant to the lave and correct Day	ws of the Sta :. _, 20 <u>Year</u>	te of lowa that the Your signature* City	information I ha	ZIP code
8.	I, Print your name of perjury and pursuin this Petition is true Signed on: Month Mailing address () Phone number	ant to the lave and correct Day Email	vs of the Sta	te of lowa that the Your signature* City Ada	e information I ha	ZIP code
8.	I, Print your name of perjury and pursuin this Petition is true Signed on: Month	ant to the lave and correct Day Email	vs of the Sta	te of lowa that the Your signature* City Ada	e information I ha	ZIP code
8.	I, Print your name of perjury and pursuinthis Petition is true Signed on: Month Mailing address () Phone number * Whether filing electronic	ant to the lave and correct Day Email	vs of the Sta	te of lowa that the Your signature* City Ada	e information I ha	ZIP code

Important Notice to Petitioner
See next page for instructions for filing a Petition.

Rule 17.200—Form 201: Petition for Dissolution of Marriage with Children

Do not file these instructions

Instructions for Filing a Petition for Dissolution of Marriage with Children

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

☐ Filing your Petition electronically

- If you are filing your divorce case in a county that uses electronic filing, you must register to
 electronically file. For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented) for eFiling</u> on the Iowa Judicial Branch website.
- After you have registered, <u>log in to the electronic filing system</u> to electronically file your dissolution case.
- For help electronically filing your divorce, see <u>How to eFile a New Case</u>.
- With your Petition, you must also file an Original Notice (204) and a Protected Information Disclosure Form (211).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the efiling
 of your Petition and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your filing. For help, see <u>How to Resubmit a Returned Filing</u>.
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) your spouse.
- For help finding and downloading your Petition and Original Notice, please see <u>My Filings Reference</u> <u>Guide</u>.

Filing your Petition in paper

- If the county where you will be filing your Petition does not yet accept electronic filing, you may
 proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless
 you have received permission from the court to file in paper.
- With your Petition (201), you must also file a Petition Cover Sheet (202), an Original Notice (204a), and a Confidential Information Form (203).
- Forms 201 and 204a: Make two photocopies if you can deliver copies of these forms to your spouse inperson or by mail. Make three photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to your spouse.

Note about making photocopies: You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.

- Forms 202 and 203: You do not have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county.
 Tell the clerk at the counter you are filing a Petition for a divorce.

Instructions for Rule 17.200-Form 201: Petition for Dissolution of Marriage with Children, continued

- Give the clerk at the counter these forms:
 - 201 Petition for Dissolution of Marriage with Children
 - 202 Coversheet for a Petition for Dissolution of Marriage with Children
 - 203 Confidential Information Form (Do not make copies of this form.)
 - 204a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 209.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (204a). You will have to serve this form on (deliver it to) your spouse.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

Rule 17.200—Form 202: Petition Cover Sheet for a Dissolution of Marriage with Children

For court use only Case num	ıber	County where case is fil	ed	-
Petitioner				
Petitioner's first name	Middle name	Last name		_
Street address		City	State	ZIP code
() Phone number	Email addi	ress		
Case name				
Petitioner's first name	Middle name	Last name		_
VS.				
Respondent's first name	Middle name	Last name		_

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the clerk of court when filing a Petition for Dissolution of Marriage with Children (201).
- Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- Electronic filers: Do not use this form. The information on this form is automatically generated when you submit your documents electronically.

Rule 17.200—Form 203: Confidential Information Form

This form is to be used by paper filers only.

Each party must complete one of these forms if filing in paper.

lowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

	In the lowa District Court for _	County where your	case is filed
Jpc	on the Petition of	Equity case r	10
Peti	itioner Full name: first, middle, last souse who files the Petition	Confide	ential Information Form
nd	concerning		
	spondent Full name: first, middle, last her spouse		
. 1	Petitioner's Information		
Ī	Full name: first, middle, last	Birth date	Social Security number
. 1	Respondent's Information		
Ī	Full name: first, middle, last	Birth date	Social Security number
. (Children's Information		
(Child 1:		
Ī	Full name: first, middle, last	// Birth date	Social Security number
(Child 2:	, , ,	
Ī	Full name: first, middle, last	Birth date	Social Security number
(Child 3:		
Ī	Full name: first, middle, last	Birth date	Social Security number
(Child 4:		
		/ /	Social Security number

Full name: first, middle, last	Birth date	Social Security number
☐ Check this box if you have a	attached a separate sheet listing add	itional children.
Signature of Provider of	of Information	
Signature of Provider (or innomiation	
Information provided by:		
1	Print your full name: first, middle, la	est
		, 20
Your signature	Month	Day Year

Rule 17.200—Form 204: Original Notice for Personal Service

Petitioner must serve the Petition on Respondent within 90 days after filing the Petition.

Failure to meet this deadline may result in the court dismissing the divorce case.

Read the <u>Guide to Representing Yourself in an Iowa Divorce Case with Children</u> on the Iowa Judicial Branch website for additional important instructions. Iowa divorce forms are available free of charge on the <u>Iowa Judical Branch website</u>.

- If filing electronically, Petitioner must complete this form.
- If filing in paper, Petitioner must use form 204a.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District C	ourt for	County where Pet	ition is filed	County
Upon the Petition of		Original No	otice for Pe	ersonal Service
Petitioner Full name: first,	middle, last			
and concerning				
Respondent Full name:	first, middle, last			
A copy of the PetitPetitioner asks for	ouse) has filed a divorce la ion for Dissolution of Marr	iage with Children		
	.		Petitioner's r	пате
Mailing address	City		State	ZIP code
Phone number	Email addres	SS.		

Important instructions for Respondent on next page

If you need assistance to participate in court due to a disability, contact the disability coordinator at: ______Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.200—Form 204: Original Notice for Personal Service, continued

Instructions to Respondent

- A. You must file an Answer or a Motion with the clerk of court in the above county within 20 days after you receive this Original Notice. If you do not file an Answer or Motion within 20 days after receiving this Original Notice, the court may enter a judgment against you giving Petitioner what he or she asked for in the Petition.
- B. For help in your divorce case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at http://www.iowacourts.gov/ and click on "Court Rules & Forms" or on "For the Public."
- C. If you received Petition form 201, you may use Answer form 215.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at https://www.iowacourts.state.ia.us/Efile and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
 - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16
 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial
 Branch website.
 - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file in paper.
 Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner's attorney(s). A Notice of Electronic Filing (NEF) will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

Important Notice to Respondent
You should talk to an attorney at once to protect your interests.

lowa

ZIP code

Rule 17.200—Form 204a: Original Notice for Personal Service

Petitioner: Use this form only if filing in paper. Read the Guide to Representing Yourself in an Iowa Divorce Case with Children for additional important instructions. Iowa divorce forms are available free of charge on the Iowa Judicial Branch website. If filing electronically, Petitioner must use form 204. If filing in paper, Petitioner must use this form. If you do not understand how to use this form, or if you should use this form, talk to an attorney. County In the Iowa District Court for County where Petition is filed **Upon the Petition of** Equity case no. **Original Notice for Personal Service** Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last 1. To Respondent Named Above Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent. A copy of the Petition for Dissolution of Marriage with Children is attached to this Notice. Petitioner asks for a divorce. Petitioner's contact information during the divorce case: Petitioner's name ZIP code Mailing address City State Email address 2. Instructions to Respondent Named Above You must file an Answer or a Motion with the clerk of court in the above county within 20 days after you receive this Original Notice. If you do not file an Answer or Motion within 20 days after receiving this Original Notice, the court may enter a judgment against you giving Petitioner what he or she asked for in the Petition. If you received Petition form 201, you may use Answer form 215. After you file your Answer or Motion, you must serve a copy of it on Petitioner. (SEAL) Clerk of Court County Courthouse Important Notice to Respondent

December 2013 Rule 17.200—Form 204a Page 1 of 1

City

[Court Order December 19, 2013]

protect your interests.

You should talk to an attorney at once to

contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.200—Form 205: Acceptance of Service

Petitioner must complete this section:

In the Iowa Distric	t Court for	County where Petition is filed	Co	unty
Upon the Petition of		Equity case no		
Petitioner Full name: first, middle	e, last	_ Acceptance	e of Servi	ce
and concerning				
Respondent Full name: first, n	niddle, last	-		
Petitioner must file this form with	the clerk of court so	on after Respondent signs it.		
Respondent must complete this set Respondent's Acceptance of Respondent completes this Acceptance	ce of Service, () Petitioner s	soon after
nigning it. Petitioner will file it wire print your name of the Original Notice and the certify under penalty of perjunformation I have provided it	e Petition for this jury and pursuant	t to the laws of the State of	eptance of lowa that t	Service.
	_, 20			
Signed: Month Day	Year	Respondent's signature		
Respondent's mailing address		City	State	ZIP code
Phone number	Email address			
Phone number By signing this	Important No	tice to Respondent		

By signing this form, you are not agreeing to what Petitioner wants. You are only agreeing that you received a copy of the Original Notice and Petition.

Rule 17.200—Form 206: Directions for Service of Original Notice

Petitioner: Complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

- Do not use this form if Respondent has already received the Petition and Original Notice.
- Do not file this form with the clerk of court in paper or electronically.
- Give this form to the sheriff or other process server with your Petition (201) and Original Notice (204 if electronically filing or 204a if filing in paper).

County where Petition is filed	Equity case number		
	heriff or Other Process Serve	er	
A. Sheriff In county where	Respondent will be servedCounty		
Street address	City	State	ZIP code
B. Other process server Name of other person serv			
Street address	City	State	ZIP code
2. Person to be Served	()		
Your spouse 's name	Phone number		
Address where your spouse can be 3. Person Requesting Serv	•	State	ZIP code
Your name	Phone number		
Your present mailing address	City	State	ZIP code
4. Special Instructions for State delivering papers to Respondent.	Service Provide information that wi	ll help the sheriff o	r process server i

5. Costs of Service

Rule 17.200—Form 206: Directions for Service of Original Notice, continued

	Check one		
	A. O Petitioner will pay the costs of the Sheriff If you cannot afford the costs, file form 209.	or other process server.	
B. O Costs for Sheriff deferred by court order:			
	,	Clerk of court: Sign only if costs deferred	
_		by court order	
6.	Notification		
	After completion of service, the sheriff or other pro- requesting service.	cess server will notify the person	
	, 20		
	Signed: Month Day Year	Your signature	

Rule 17.200—Form 207: Motion and Affidavit to Serve by Publication

Petitioner: Use this form only if you do not know where your spouse lives or works.

- You must contact a newspaper that is generally distributed or circulated throughout the county where you filed the Petition.
- Ask if the newspaper will publish your Original Notice by Publication (208) in your divorce case.
- Tell the newspaper you need to publish the Notice once each week for three weeks in a row.
- If the newspaper can publish your Notice three weeks in a row, ask how much it will cost.
- Tell the newspaper you will call back to arrange for publishing your Notice after a judge gives you permission to publish your Notice in the newspaper.
- The fees for publication are set by statute in Iowa Code section 618.11.

	In the Iowa District Court for	County where you file	d the Petition	County
Upor	n the Petition of		no.	
Petiti	ioner Full name: first, middle, last		tion and Affiderve by Public	
and c	oncerning			
Resp	ondent Full name: first, middle, last			
	Respondent's residence Check each that applies (1) Respondent lives outside of (2) Respondent's residence and		unknown.	
В.	Respondent's last known resider	nce:		
В.	Respondent's last known resider Street address	nce: - City	State	ZIP code
В.		_	State Email a	
	Street address County Most recent date Respondent is	City () Phone number	Email a	ddress

Rule 17.	200—Form 207: Motion and Affidavit to Serve by Publication, o	continued
D.	Petitioner has taken these steps to find Respon	ndent:
E.	Petitioner will publish notice in this newspaper:	
		Name of newspaper
F.	Petitioner asks the court to allow Petitioner to s Respondent cannot be personally served.	serve Respondent by publication because

Continued on next page

Rule 17.200—Form 207: Motion and Affidavit to Serve by Publication, continued

2.	Attorney Help Check one			
	A. An attorney did not help me prepare o	r fill in this paper.		
	B. O An attorney helped me prepare or fill in	n this paper.		
	If you check B, you must fill in the following in	nformation:		
	Name of attorney or organization, if any	Attorney's P.I.N.	# – Ask the attorney	
	Business address of attorney or organization	City	State	ZIP code
	(r numher – optional	Attornev's email ad	ldress – optiona
3.	Oath and Signature	ar mimo er opnoma	Thomas, a chian an	en ess epitona
	I,, hav	e read this Motion	n and Affidavit, and	d I certify
	Print your name			
	under penalty of perjury and pursuant to the la		of lowa that the info	ormation I
	have provided in this Motion and Affidavit is tr	ue and correct.		
	Signed on: Month Day, 20_Year	Your signature*		
	Mailing address C	<i>`ity</i>	State	ZIP code
		-		
	Phone number Email address	Addi	itional email address,	if applicable
	* Whether filing electronically or in paper, you must handwr	ite your signature on th	is form. If you are filing	electronically,

Rule 17.200—Form 208: Original Notice by Publication

Petitioner: Complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

After you take this Notice to the newspaper, promptly mail a copy of this Notice and the Petition to Respondent's last known mailing address.

Note to Petitioner: Fill in third date of publication in section 2 below.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

Newspaper: Publish only the information below this line.

	In the Iowa District Court for	County where Petition is j	filed	County
Upon the Petition of		Equity case no		
Pe	etitioner Full name: first, middle, last	Original Noti	ce by P	ublication
	nd concerning			
Re	espondent Full name: first, middle, last	_		
1.	 Information for Respondent Named Abo Petitioner (your spouse) has filed a divorce law Petitioner's contact information during the divorce 	wsuit naming you as Responde	nt.	
	Petitioner's name: First, middle, last		-	
	Petitioner's present street address Ci		State	ZIP code
	County (_Ph	none number	Email a	ddress
2.	Respondent's Deadline for Filing a Reyou must file an Answer or a Motion with the	•	ounty with	nin 20 days after
3.	You must file an Answer or a Motion with the cle provided above. If you do not respond, the court she asked for in the Petition.	erk of court in the above county		
	You should talk to an attorney at once to protect your If you choose not to have an attorney represent you in self-represented litigant information and family law for	n this matter, go to the Iowa Judicial	Branch wel	osite for
If yo hea con	ou need assistance to participate in court due to a disability, contac rring or speech impaired may call Relay lowa TTY (1-800-735-2942 ttact information available at: http://www.iowacourts.gov/Administra	et the disability coordinator at: () 2). Disability coordinators cannot prov tion/Directories/ADA_Access/.	ride legal adv	Persons who are rice. Disability coordinator

Rule 17.200-Form 208: Original Notice by Publication, continued

Newspaper: only publish the instructions below if your county uses electronic filing. To determine if your county uses electronic filing, check the map available on the Iowa Judicial Branch website under "eFiling," or call the clerk of court office in your county.

Additional Information for Respondent

- You must register to eFile through the Iowa Judicial Branch website at
 https://www.iowacourts.state.ia.us/Efile/ and obtain a log in and password to file and view documents in your case and to receive service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16
 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial
 Branch website.
- For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

Rule 17.200—Form 209: Application and Affidavit to Defer Payment of Costs

Petitioner: Use this form only if you cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff cannot be waived. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

	In the Iowa District Court for	nty where your case is filed
Upor	the Petition of	Equity case no.
Petiti	Oner Full name: first, middle, last	Application and Affidavit to Defer Payment of Costs
and c	oncerning	
Resp	ondent Full name: first, middle, last	
A. B.	equest and Information I am Petitioner. For my Application and Affidavit, I state that Check all that apply (1)	vice costs or other court costs. ed without prepayment of costs and fees. in good faith.
	There are $\underline{\hspace{1cm}}$ people living in my house $\underline{\hspace{1cm}}$	hold.
D.	My household income is \$p Put the total amount of all income and benefits before	
E.	My income comes from: List the sources of your income. Examples: salary, y	vages, or benefits such as unemployment, Title 19, FIP.
	Continued	d on next page

Rule 17.200—Form 209: Application and Affidavit to Defer Payment of Costs, continued

F. My household has the following monthly expenses:		
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G	I have \$	in cash, checking, and savings

Continued on next page

2. Attorney Help

Rule 17.200—Form 209: Application and Affidavit to Defer Payment of Costs, continued

	J		ation, if any	Attorney's P.I.	N. # -Ask ine allo	rney
	Business addre	ess of attorney	or organizat	tion City	State	ZIP code
	()_ Attorney's pho	ne number	(Attorney) v's fax number – optiona	Attorney's en	nail address – op
Section	_	ed only if filin	g in paper of	r Delivery r if the other party is e tically be served on re		nic filing.
I,			,	certify that on $\underline{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$, 20
	•			$\frac{\overline{Mon}}{Mon}$ I Affidavit to the othe		-
	address: of person to whon s or attorney's ma			City	State	ZIP code
Party's	of person to whon s or attorney's ma	ailing address ure		·		
Party's	of person to whon s or attorney's ma	ailing address ure		City under penalty of per		
Party's Oath I, the St provid	of person to whom s or attorney's ma and Signati Print your nate of lowa that led in this Appl	ailing address ure ame at I have readication and a	, certify u d this Applie Affidavit is t	under penalty of per cation and Affidavit rue and correct.	jury and pursuar	nt to the laws
Party's Oath I, the St provid	of person to whom s or attorney's ma and Signate Print your nate of lowa tha	ailing address ure ame at I have readication and a	, certify u d this Applie Affidavit is t	inder penalty of per cation and Affidavit	jury and pursuar	nt to the laws
Party's Oath I, the St provid	of person to whom s or attorney's ma and Signati Print your nate of lowa that led in this Appl	ailing address ure ame at I have readication and a	, certify u d this Applie Affidavit is t	under penalty of per cation and Affidavit rue and correct.	jury and pursuar	nt to the laws
Party's Oath I, the St provid Signed Mailing	of person to whom s or attorney's ma and Signatu Print your nate of lowa that led in this Appl fon: Month	ailing address ure ame at I have readication and interpretation and i	, certify u d this Applie Affidavit is t	under penalty of percation and Affidavit rue and correct. Your signature* City	jury and pursuar and that the info	at to the laws or mation I have

Rule 17.200—Form 210: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage

Petitioner: Use this form only if someone other than Petitioner (you), or a person who is not a sheriff or a process server, delivered a copy of the Petition and Original Notice to Respondent (your spouse).

- The person, other than Petitioner, who gave the Petition and Original Notice to Respondent, fills in this form.
- Petitioner, or the person who gave the Petition and Original Notice to Respondent, must file this form with the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	In the Iowa Di	strict Co	ourt for	County where I	Petition is file	cd C	ounty
Up	on the Petition of				case no		
Pet	titioner Full name: first	t, middle, last			Notice a	Service of nd Petitio on of Mar	n for
and	I concerning				Dissoluti	on or mar	nage
Re	spondent Full name	e: first, middle,	last	_			
— 1.	Affidavit			I			
	Name of person – C			, delivered	a copy of t	he Original	Notice and
	· -						
	Petition for Dissolution of Marriage for this case to: Check on						Check one
							○ a.m.
			on	th .	, 20) at	Ор.т.
	Name of Respondent		Mon	th .	Day	Year Tin	те
	by handing Respon	dent copie	es of the att	ached papers.			
,	Oath and Signati	uro					
	To be completed by the		gave the Petit	tion and Original i	Notice to Res	pondent.	
	I,	•				•	oo and Loortif
	Print your name			, nave read	uns Ama	VIL OI SEIVI	ce, and reening
	•	riun, and i	ourcuant to	the laws of the	State of lo	wa that the	information
	under penalty of perjury and pursuant to the laws of the State of lowa that the information I have provided in this Affidavit of Service is true and correct.						
	·						
	Signed on: Month	- D	_, 20	Your signature*	k		
	signed on: Monin	Дау	rear	Tour signature			
	Mailing address			City		State	ZIP code
	() Phone number	\overline{E}	mail address			al email addi	ress – if available
	* If you are filing electron	nically, scan	the form after si	gning it and then file	e electronicall	y.	

[Court Order December 19, 2013]

Rule 17.200—Form 211: Protected Information Disclosure

It is the responsibility of counsel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see Division VI of chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422.

Use this form to identify the full version of any protected information redacted in other documents you have filed.

■ If filing electronically:

- Petitioner must complete this form (211) and file it with the Petition (201) and Original Notice (204).
- Respondent must complete this form if adding or correcting protected information.
- Paper filers also may use form 211 to assist in complying with I owa Rule of Civil Procedure 1.422.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County Where the case is filed	
Upon the Petition of	Equity case no	
Petitioner Full name: first, middle, last	_ Protected Information Disclosure	
and concerning		
Respondent Full name: first, middle, last	_	

When protected information, as defined in lowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in non-confidential documents, a party shall include the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to lowa Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

1. Petitioner The spouse who filed for divorce.

Provide the complete version of protected information and the redacted version included in documents you file.

Name

First Middle Last Redacted Information **Protected Information Type** Complete Information (See Rules 16.602 and 16.604) (See Rule 16.605) A. Social security number XXX-XX-XXXX Last four digits only B. Financial account numbers Partial account number only Full account number C. Date of birth mm/dd/yyyy Year only D. Individual taxpayer identification numbers XXX-XX-XXXX Last four digits only

Name

Rule 17.200—Form 211: Protected Information Disclosure, continued

E.	Personal identification numbers	Full number	Partial only
F.	Other unique identifying numbers	Full number	Partial only
G.			
	Additional protected information	Full information	Partial information
H.			
	Additional protected information	Full information	Partial information
l.			
	Additional protected information	Full information	Partial information
J.			
	Additional protected information	Full information	Partial information

2. Respondent The spouse who did not file for divorce.

Provide the complete version of protected information and the redacted version included in documents you file. If Petitioner is filling out this form, provide as much information about Respondent as you can.

First	Middle Last	t
Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	 XXX-XX-XXXX	Last four digits only
B. Financial account numbers	Full account number	Partial account number only
C. Date of birth	/ / mm/dd/yyyy	Year only
D. Individual taxpayer identification numbers		Last four digits only
E. Personal identification numbers	Full number	Partial only
F. Other unique identifying numbers	Full number	Partial only
G.		
Additional protected information	Full information	Partial information
H.		
Additional protected information	Full information	Partial information
I.		
Additional protected information	Full information	Partial information
J.		
Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Respondent.

Check this box if you are attaching a separate sheet listing additional information for Petitioner.

Rule 17.200—Form 211: Protected Information Disclosure, continued

3. Other Parties

Provide the complete version of protected information and the redacted version included in documents you file. Provide as much information about other parties as you can.

First	Middle Las	t
Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	<i>XXX-XX-XXXX</i>	Last four digits only
B. Financial account numbers	Full account number	Partial account number only
C. Date of birth	/ / mm/dd/yyyy	Year only
D. Individual taxpayer identification numbers	- XXX-XX-XXXX	Last four digits only
E. Personal identification numbers	S Full number	Partial only
F. Other unique identifying number	S Full number	Partial only
G.		
Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
l. Additional protected information	Full information	Partial information
J. Additional protected information	Full information	Partial information

4. Children

Provide the complete version of protected information and the redacted version included in documents you file.

Α.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ mm/dd/yyyy	Year only

[☐] Check this box if you are attaching a separate sheet listing additional information for other parties.

Rule 17.200—Form 211: Protected Information Disclosure, continued

B.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 <i>XXX-XX-XXXX</i>	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

C.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

D.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ mm/dd/yyyy	Year only

E.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ mm/dd/yyyy	Year only

Check this box if you are attaching a separate sheet listing additional children.

Continued on next page

 $Rule\ 17.200-Form\ 211: \textit{Protected Information Disclosure},\ continued$

5. Informa	ation pro	vided	by:
------------	-----------	-------	-----

		/s/		
Handwritten signature of Petitioner or atte if filing in paper	orney	Electronic si if filing elect		itioner or attorney
Law firm, if applicable		-		
Mailing address	City		State	ZIP code
() Phone number				
Email address		Additional emai	l address, if ap	pplicable
Month Day Day	Year			

Rule 17.200-Form 212: Joint Statement on Legal Parent

- The parties use this form if a child is born or conceived during the marriage and both parties want the court to find that one of the parties is not a **legal parent** of the child. *Note:* For purposes of this form, **legal parent** is a person who is recognized by law as a parent to a child because of marriage.
- This form tells the court that both parties agree that one party is not a biological parent and should be disestablished as
 (should no longer be) a legal parent of the child.
- This form can only be used if the party being disestablished is a legal parent of the child because of the marriage of the
 parties and there is a pending dissolution of marriage action in Iowa. Do not use this form if the party being
 disestablished is a legal parent of the child because of an affidavit, court order, or action in another state.

In the Iowa District (County where your case is filed			
Upon the Petition of		Equity case no			
Petitioner Full name: first, middle, la	st	Joint Statement on Parent	Legal		
and concerning					
Respondent Full name: first, mide	ile, last				
1. Legal Parent Check each that applies A. Petitioner's or Respond Petitioner's or Respond Petitioner's or Respond following children be List children's initials and be	dent's name condent's unborn is a lent's name corn during the ma	egal parent but not a biological p	ed due date		
First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year		
(1)		(4)			
(2)		(5)			
(3)		(6)			
Check this box if you ha Respondent is not a bio	logical parent.	isting additional children for whom Pe	titioner or		

Rule 17.200-Form 212: Joint Statement on Legal Parent, continued

2. Biological Parent

The biological parents, if known, of the children are as follows:

First, middle, & last initials of each child	Biological parent	First, middle, & last initials of each child
(1)		(4)
(2)		(5)
(3)		(6)

First, middle, & last initials of each child	Biological parent
(4)	
(5)	
(6)	

3	Rest	Interes	te of	the i	Child	ren
J.	DESL	HILETES	LS VI	HIC '	viiliu	CII

It is in the best interests of the children and the parties that Petitioner's or Respondent's name is found not to be a legal parent of the child or children.

4. Guardian Ad Litem

We understand that the court may appoint a guardian ad litem (an attorney) for the child or children, and that we may have to pay the costs of the guardian ad litem.

5. Request

We ask the court to find and conclude that the legal parent,
Petitioner's or Respondent's nar
is not a biological parent of the child or children, including any unborn child, listed in
section 1 above, and that the court disestablish that person as a legal parent of the
child or children

6. Attorney Help

A.	Petitioner Check one			
	(1) O An attorney did not help me prepare of	r fill in this paper.		
	(2) An attorney helped me prepare or fill in	n this paper.		
	If you check (2), you must fill in the follow	ring information:		
	Name of attorney or organization, if any	Attorney's P.I.N.	# – Ask the attor	nev
				_
	Business address of attorney or organization	City	State	ZIP code
	()() Attorney's phone number	x number – optional	Attorney's emo	til address – optional

Continued on next page

Rule 17.200—Form 212: Joint Statement on Legal Parent, continued

	Name of attorn	ey or organiza	tion, if any	Attorney's P.I.N.	#-Ask the attor	пеу
			or organization		State	ZIP code
	()_ Attorney's phor	ne number	() Attorney's fa	x number – optional	Attorney's emo	til address – optiona
0	aths and Signat	ures				
A.	Petitioner's Oath	n and Signat	ure			
	ı		have read this	s Joint Statement, an	d I certify under p	enalty of
	Print your name			a that the information		
	Statement is true an		Tino otato or row		i i ilavo providou i	Trans some
			, 20	Petitioner's signa		
	Month	Day	Year	Petitioner's signa	ture*	
	Mailing address		City	,	State	ZIP code
	()					
	Phone number	<i>I</i>	Email address	\overline{A}	dditional email ac	ldress – if available
	* Whether filing elect			ndwrite your signature file electronically	on this form. If you	ı are filing
	ereen orneary, sear	ine your agree o	-gg un-u	, ne creen orneury.		
	Respondent's O	ath and Sigr	nature			
В.			have read this	s Joint Statement, an	d Loertify under p	enalty of
В.	1					
B.	l,		the State of low	a that the intormation	i i ilave provided i	ii tiiis ooiiit
B.	l, Print your name perjury and pursuan Statement is true an	it to the laws of	f the State of Iow	a that the information	·	
B.	perjury and pursuan	it to the laws of	f the State of Iow	a that the information	·	
B.	perjury and pursuan	it to the laws of		Respondent's sign		
B.	perjury and pursuan Statement is true an Month	nt to the laws of and correct.	, 20	Respondent's sign	nature*	_
B.	perjury and pursuan Statement is true an	nt to the laws of and correct.	_, 20	Respondent's sign		ZIP code
В.	perjury and pursuan Statement is true an Month	nt to the laws of ad correct. Day	, 20	Respondent's sign	nature*	

Rule 17.200—Form 213: Motion to Disestablish Legal Parent

- A party uses this form if a child is born or conceived during the marriage and one of the parties wants the court to find and conclude that one of the parties is not a biological parent of the child and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, legal parent is a person who is recognized by law as a parent to the child because of marriage.
- This form can only be used if the party sought to be disestablished is a legal parent of the child because of the
 marriage of the parties and there is a pending dissolution of marriage action in Iowa. If the party sought to be
 disestablished is a legal parent of the child because of an affidavit, court order, or action in another state, do not use
 this form.

	County where your case is filed
Inon the Delition of	County more your case is juck
pon the Petition of	Equity case no
etitioner Full name: first, middle, last	Motion to Disestablish Legal Parent
nd concerning	
despondent Full name: first, middle, last	_
m Check one	
A. O Petitioner	
B. O Respondent	
Legal Parent Check each that applies.	
_	is a land marant but may not be a bislanian man
A. Petitioner's or Respondent's name	_ is a legal parent but may not be a biological par
	unborn child expected to be born
	Expected due date
B. Detition on 'n on Born on dout'n name	_ is a legal parent but may not be a biological pare
Petitioner's or Respondent's name of the following children born d	ring the marriage:
List children's initials and birth year	geaa.ge.
First, middle, & last initials of each child Birth year	First, middle, & last initials of each child Birth year
(1)	(4)
(2)	(5)
(3)	(6)

2. Genetic Tests

Rule 17.200—Form 213: Motion to Disestablish Legal Parent, continued

	Che	eck e	each that applies	
	A.		I agree to cooperate with getting any genetic test that the court orders.	
	В.		I understand that I may have to pay for any genetic test that the court orders.	
	C.		Genetic tests* have been done and show is not the Petitioner's or Respondent's name	
			biological parent.	
			*Note on genetic tests: Genetic testing must be done by an accredited laboratory with verified documentation of the chain of custody, and the laboratory must send to evaluation report directly to the clerk of court. See lowa Code sections 600B.41 are 600B.41A.	he
3.	Re	equ	est	
	l a	sk t	the court to:	
	A.		opoint a guardian ad litem (an attorney) for the child or children. I understand that I ay have to pay the costs of the guardian ad litem.	
	B.		rder genetic tests if needed and order that Petitioner, Respondent, and children of for testing.	
	C.	Fir	nd that, if excluded by genetic testing, is not a Petitioner's or Respondent's name	
		ab	blogical parent of the child or children, including any unborn child, listed in section 1 bove, and that the court disestablish that person as a legal parent of the child or dildren.	
4.	Ch	nild	Support Recovery Unit (CSRU)	
	Che	eck c	one	
	A.	0	CSRU is providing services. Note: You must give a copy of this Motion to CSRU if it is providing services.	
	B.	0	CSRU is not providing services.	

Continued on next page

Rule 17.200—Form 213: Motion to Disestablish Legal Parent, continued

5.	Attor Check o	ney Help one							
	A. () An attorney	did not hel	p me prepa	are or	fill in this pa	per.		
	Ξ) An attorney							
	If you check B, you must fill in the following in				ing inj	formation:			
		Name of attor	ney or organi.	zation, if any		Attorney's F	P.I.N. # - As	k the attor	ney
		Business addr	ess of attorne	y or organiza	ition	City		State	ZIP code
				()_				til address – optional
		Attorney's ph	one number	Attorne	ey's fax	: number – opti	onal Atto	rney 's emo	iil address – optional
6.	Section This do	fication of s to be comple cument, if filed	ted only if filin electronically,	ng in paper of , will automa	r if the tically	other party is be served on t	registered pa	ırties.	
	l,	your name		·	, certi	fy that on _	Cosotla		, 20
	Party's	of person to who	nailing addres.		City			- State	ZIP code
7.		and Signat							
		t your name		.	, certif	y under pen	alty of perj	ury and p	ursuant to the
	laws o		nd correct.				t the inforn	nation I h	ave provided in
	Signed	on: Month	Day,	Year	Your	signature*			
	Mailing	g address			City			State	ZIP code
	(Phone	number		nail address			Additional	email add	ress – if available
		her filing electron the form after sign				te your signatur	e on this form	. If you are	filing electronically,
Mai	rch 2014			Rule	17.200	—Form 213			Page 3 of 3

[Court Order March 26, 2014]

Rule 17.200—Form 215: Answer to Petition for Dissolution of Marriage with Children

Respondent: You must file an Answer in the county where the Petition was filed within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against Respondent** giving Petitioner what he or she asked for in the Petition.

- Read the <u>Guide to Representing Yourself in an Iowa Divorce Case with Children</u> on the Iowa Judicial Branch website before using this form.
- Use this Answer form 215 if you received Petition form 201, otherwise use form 216.
- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.
- If filing in paper, you may use form 211.

In the Iowa District Court for	nty where your spouse filed the Petition	County
Upon the Petition of	Equity case no	
Petitioner Your spouse's full name: first, middle, last	Answer to Petition for D of Marriage with Ch	
and concerning		
Respondent Your full name: first, middle, last		
* * * * * * * * * * * * * * * * * * * *	ar and present residence are correct in esidence are not correct in the Petition.	the Petition.
Present street address	City State	ZIP code
B. Respondent's information Check one If paragraph 1B of the Petition (form 201) is not (1) Respondent's (your) birth year and paragraph.	ne number Email act of correct, check (2) and fill in the blank present residence are correct in the Petitic	ss. etition.

Rul	e 17.2	00—Form 215:	Answe	er to Petition for Dis	solution of	Marriage wit	h Children	, continued			
		\overline{P}	resent	street address			City		State	ZIP code	
						()				
		\overline{C}	ounty			Phone nu	mber		Email ac	ldress	
	C.	Fill in as m Check one If paragrap (1) The condition of t	ill in as much information as you heck one paragraph 1C of the Petition (for the information for the ot correct in the Petition.			a 201) is not correct, check (2) and fill interperson who has visitation or custouser person who has visitation or custouser			il in the blanks.		
		\overline{F}	ıll na	me: first, middle	, last				_		
		\overline{P}	resent	street address			City		State	ZIP code	
						(_)				
		C	ounty			Phone nu	mber		Email addres	SS.	
2.	Ge	eneral Inf	orm	ation Abou	t the M	larriage	and th	ne Parties	6		
		Check one If paragrap (1) O TI (2) O TI	f paragraph 2A of the Petition (form				correct	in the Petition	on.	x.	
		_									
			onth		Day	Year		City		State	
	B.	Children									
		Check one If paragrap	h 2B o	of the Petition (20	01) is not	correct, che	eck (2) ar	nd all items th	at are true.		
		(1)		e Petition provic							
		(2)) Th	e Petition does e correct inform	not provi					l.	
		a.		There are chi		ider age 1	8 who a	re children	of both Petiti	oner	
		b.		There are child	dren und <i>my child</i>	_		•	_	this marriage. whom the other	
		C.		There are chil	-	years or ol	der who	still need su	upport.		
		d.		Petitioner or F	Responde	ent is preg	nant.				
					•						

Rule 17.200—Form 215: Answer to Petition for Dissolution of Marriage with Children, continued

\sim	1-1-		c:	4:	- 5	-1-:	1_1	
U.	ıae	enu	пса	tion	OI	cni	ıa	ren

Check one

If paragraph 2C of the Petition (201) is not correct, check (2) and provide the correct information about the children's identification.

(1) The children are identified correctly in the Petition.

(2) The children are not correctly identified in the Petition. The correct information is:

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

☐ Check this box if you have attached a separate sheet listing additional children.

D. Children's living arrangements

Check one

If paragraph 2D of the Petition (201) is not correct, check b and provide the correct information about the children's residence.

İ.	Children:	Initials	Initials		:1		Initials		T:41	1	_
		ininais	iminais	ınıı	iais		initials		Initi	ais	
	Lived with			from		/	_/	_ to .		/	_/
		Adult name			mm	dd	yyyy	ì	mm	dd	уууу
	At City			${S}$	tate	_					
ii.	Children:	Initials	Initials		ials		Initials		Initi	als	_
	Lived with	1 Adult name		_ from		_ / <u></u>	/	_ to _	mm	/ <u></u>	_ /
	At	mani mame					yyyy	,	11111	ии	yyyy
	City			S	tate						
iii.	Children:	T					T 7		.		_
		Initials	Initials	Init	ials		Initials		Initi	ais	
	Lived with			from		/	/	_ to		/	_/
		Adult name			mm	dd	yyyy	j	mm	dd	yyyy

Rule 17.200-Form 215: Answer to Petition for Dissolution of Marriage with Children, continued Lived with Adult name City State Children: Initials Initials Initials **Initials** Initials Lived with mmState Check this box if you have attached a separate sheet listing additional children. If the children have been in Iowa for less than six months, the court may not be able to issue an order about custody or visitation. The rules are complicated, and you may need to talk to an attorney. E. Petitioner's residence (1) The **only** reason that Petitioner (your spouse) is living in lowa is just to get a divorce. True False If Petitioner does not live in Iowa, or if Petitioner lives in Iowa for reasons other than just to get a divorce, check "False." (2) If you disagree with paragraph 2E(2) of the Petition (201), fill in the blanks. Petitioner has lived in Iowa for the last _____ years and ____ months __ county. F. Parties' residence Check each that is true (1) Petitioner (your spouse) has lived in Iowa for more than one year. If you did not check (1) or (2), you should talk to an attorney. (2) Respondent (you are Respondent) is a resident of Iowa.

G. Condition of the marriage

Check all that are true

- (1) The marriage is broken and cannot be saved.
- This is the only divorce case going on in involving this marriage. If you did not check (2), explain in 4. You should also talk to an attorney.
- (3) Petitioner did not file the Petition in good faith for the purpose of ending the marriage.
- (4) Counseling will not save the marriage. If counseling may save the marriage, do not check (4).

H. Respondent's status

Check each that is true

Respondent (you are Respondent) is in the military service.

There are special rules that may prevent this dissolution from going forward if you are in the military. You should talk to an attorney.

Rule	17.2	200—Fc	orm 215	5: Answ	ver to Petition for Dissolution o	of Marriage with Children, continued	i			
		(2)		Respo	ondent is in prison or ja	ail at	is	n		
						Name of facility		State		
						may be entitled to a "guardia he interests of a spouse in son		n, usually an		
	I.	Prof	tectiv	e or r	no contact orders					
		Chec	ck one	?						
		(1) (is neither a "protective ner (your spouse).	order" nor a "no contact ord	er" between Respo	ndent (you) and		
		(2) (\bigcap T	here i	is a "protective order" o	or "no contact order" betwee	n Respondent and	Petitioner.		
			U I	f you c	check (2), fill in the follo	wing information:				
			а	. Co	ounty and state where th	e order came from:				
						County		State		
			h		ourt casa numbar					
			b). CO	ourt case number:		_			
3.	Ot	her	Cas	es A	bout the Childre	n				
	Ch	eck A	or B							
	Α.				information in 3 in the skip to 4.	Petition about other case	es about the child	ren is correct.		
	B. Some or all of the information in 3 in the Petition about other cases about the									
		\sim				orrect information is:				
					fill in the correct inform					
		(1)	Juvei	nile co	ourt					
			Check	ka or	b.					
			a. (Th (nere is no juvenile court o	case.				
			b. (<	-	ase. The correct information is	S:			
			I_j	_	check b, fill in the follow					
			i.	Co	ounty and state of the juy	venile court case:				
					j	County		State		
			ii	. Co	ourt case number:					
				Ch	heck one					
				(a)) Concurrent jurisd	iction has been granted.				
				(b)	<u> </u>	iction has not been granted.				
				(10)	•	not given concurrent jurisdiction	(permission), then chi	ld custody cannot		
						You should talk to an attorney.	(розгазогозу, агол от	as vacces, value		
		(2)	Custo	ody or	rder					
			Check	ka or	b.					
			a. () Th	nere is no custody ord	er.				
			b. (5 Th	nere is a custody orde	r.				
			_		check b, fill in the follow					
				i.		re the custody order came fro	m:			
				••			County	State		
				ii.	Court case number: _					
					_	<u> </u>				

Rule 17.200-Form 215: Answer to Petition for Dissolution of Marriage with Children, continued (3) Child support order Check a or b. There is no child support order. There is a child support order. If you check b, fill in the following information: County and state where the child support order came from: County State Court case number: 4. Other Information Respondent denies anything in the Petition that Respondent has not agreed is correct. In addition, Respondent provides the following information: All of the basic information you need to tell the court is on this form. Provide other information only if you need to explain something. 5. Respondent's Request A. Respondent asks the court to: Check all that apply. The court will only consider items that are checked. If you do not know what you want, talk to an attorney. (1) End the marriage of Respondent (you) and Petitioner (your spouse). Decide custody and visitation. (3)
Order child support and medical support. (4) Order payment of school or college tuition. (5) Fairly divide the property and the debts of the parties. (6) Order that Petitioner pay the court fees. (7) Order that Petitioner pay for Respondent's attorney's fees before the divorce is final If you check (7), you must file form 222. (8) Order that Petitioner pay spousal support (alimony) to Respondent. If you check (8), you must file form 222. (9) Change Respondent's last name to: Name can only be changed to name on birth certificate or name used immediately prior to the marriage. Print your former or birth name (10) Order counseling to save the marriage.

(11) Other request:

 $Rule~17.200\\ --Form~215: \textit{Answer to Petition for Dissolution of Marriage with Children}, continued$

6.	Attorney Help Check one											
	 A. An attorney did not help me prepare or fill in this paper. B. An attorney helped me prepare or fill in this paper. If you check B, you must fill in the following information: 											
	Name of attorney or organization, if any $Attorney's P.I.N. \# -Ask the attorney$											
	Business address of attorney or organization City State ZIP code											
	()(
8.	If Respondent is filing in paper Check one A. Respondent will accept service of documents at the attorney's address listed above; or B. Respondent will accept service of documents in this case at the mailing address below. Certification of Service by Mailing or Delivery Section 8 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.											
	I,, certify that on, 20											
	Print your name Month Day Year I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:											
	Name of person to whom I delivered or mailed it											
	Party's or attorney's mailing address City State ZIP code											

Continued on next page

 $Rule\ 17.200 — Form\ 215: \textit{Answer to Petition for Dissolution of Marriage with Children}, continued$

9.	Oath and Signati	ıre							
	I, Print your name			, have read this Answer, and I certify under penalty					
	of perjury and pursuin this Answer is tru		ect.	e State of Iowa	that the info	rmation I	have provided		
	Signed on: Month	Day	, 20 <u> </u>	Your signature	·*				
	Mailing address			City		State	ZIP code		
	()_ Phone number	Er	nail address		Additiona	Additional email address – if available			
	* Whether filing electroni scan the form after sign		. , .		nature on this forn	n. If you are	filing electronically		

Important Instructions for filing this form on next page.

Instructions for Rule 17.200-Form 215: Answer to Petition for Dissolution of Marriage with Children, continued

Do not file these instructions

Instructions for Filing an Answer to a Petition for Dissolution of Marriage with Children

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically
 file. For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented)</u>
 for eFiling on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you
 when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer.
 The login page can be accessed from two different paths: you may <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the efiling of
 your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your Answer. For help, see <u>How to Resubmit a Returned Filing</u>.
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must
 mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where
 the Petition was filed. The county is listed at the top of the Petition (form 201).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, or mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you should serve the Answer by mailing a copy to the attorney at the
 attorney's address on the Petition if box 7A on the Petition is checked.

Do not file these instructions

December 2013 Instructions for Rule 17.200—Form 215

Page 1 of 1

Rule 17.200—Form 216: General Answer to a Petition for Dissolution of Marriage with Children

Respondent: You must file an Answer in the county where the Petition was filed within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against Respondent** giving Petitioner what he or she asked for in the Petition.

If the Petition you received is on form 201, use form 215 for your Answer.

Read the <u>Guide to Representing Yourself in an Iowa Divorce Case</u> on the Iowa Judicial Branch website before using this form.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211).
- If filing in paper, you may use form 211 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where Petition is filed
Upon the Petition of	Equity case no
Petitioner You spouse's full name: first, middle, last	General Answer to a Petition for Dissolution of Marriage
and concerning	with Children
Respondent Your full name: first, middle, last	

- 1. Respondent's Answer You are Respondent.
 - A. Respondent admits that the following paragraphs in the Petition are true:

List the numbers of the paragraphs in the Petition that you think are true. If you decide later that the paragraphs you list here are not true, it may be too late to change your answer.

- B. Respondent denies that the following paragraphs in the Petition are true:
- C. Respondent does not know whether the following paragraphs in the Petition are true:

List the numbers of the paragraphs in the Petition that you are not sure about. If you cannot say a paragraph or a part of a paragraph is true or not true, it may be because you do not know something, such as a date, place, or when something happened.

Rule 17.200—Form 216: General Answer to a Petition for Dissolution of Marriage with Children, continued

D. Children's living arrangements

Places where the children have lived during the last five years and the parent(s) or adult(s) who acted as parents:

(1)	Children: _											
	In	nitials	Initials		Initials		In	itials		Init	ials	
	Lived with				from		/	_ / 	_ to		/	/
		Adult name				mm	dd	уууу		mm	dd	уууу
	At			Stat	2							
(2)	Children: _											
	In	nitials	Initials		Initials		In	itials		Init	als	
	Lived with				from		/	_/	_ to		/	/
		Adult name				mm	dd	/		mm	dd	уууу
	City			Stat	2							
(3)	Children: _											
` ,	In	nitials	Initials		Initials		In	itials		Init	ials	
	Lived with				from		/	_ /	_ to		/	/
		Adult name				mm	dd	уууу		mm	dd	
	At			State	<u> </u>							
	•			State								
(4)	Children: I_{I}	nitials	Initials				$-\frac{1}{In}$	itials		Init	ials	
	1 :								4-			,
	Lived with	Adult name			. Irom	mm	dd	- [/] 	_ 10	mm	$\frac{1}{dd}$	- [/]
	At											
	City			State	2							
(5)	Children: _											
	In	nitials	Initials		Initials		In	itials		Init	ials	
	Lived with	Adult name			from	mm	/ <u>dd</u>	_ /	_ to	mm	/ <u>dd</u>	_ /
	At											
	City			Stat	e							
	☐ Check th	is box if you h	ave attached o	a sepa	rate she	et listi	ng ado	titional ch	iildr	en.		
		dren have not livet custody. The r									ou mig	tht not be

Rule 17.200—Form 216: General Answer to a Petition for Dissolution of Marriage with Children, continued

E.		oted eck		or no contact orders		
	(1)	_) The	re is neither a "protective order" nor a "no ioner (your spouse).	o contact order" between Respond	dent (you) and
	(2)	С		re is a "protective order" or "no contact or u check (2), fill in the following information	•	etitioner.
			a.	County and state where the order came fro	om: County	State
			b.	Court case number:		
F.	Ot	her	cas	s about the children		
	Che	eck ((1) <i>or</i>	(2)		
	(1)	C) The	re are no other cases about the childre	n. If you check (1), skip to G.	
	(2)	C) The	re are other cases about the children.		
	abo	out c	ustod	order from out of state about the children, a or visitation. The rules are complicated a $S(2)$, fill in the applicable information belo	nd you may need to talk to an attorr	
	a.		venil <i>eck</i> i	court or ii.		
		i.		There is no juvenile court case.		
		ii.		There is a juvenile court case.		
		•••	If v	u check ii, fill in the following information	:	
				County and state of the juvenile court case		
			(-)	,	County	State
			(b)	Juvenile court case number:		
				Check (i) or (ii)		
				(i) Concurrent jurisdiction has been (granted.	
				(ii) Concurrent jurisdiction has not be	en granted.	
				If the juvenile court has not given concurre be decided in this case. You should talk to		custody cannot
	b.	Сг	ıstod	order		
			u mi eck i	th not be able to get custody in Iowa if the r ii.	e is a custody order entered in anoth	her state.
		i.		There is no custody order.		
		ii.		There is a custody order.		
			If y	u check ii, fill in the following information	<i>:</i>	
			(a)	County and state where the custody order		Ctt.
					County	State
			(b)	Court case number:		

Rul	e 17.200-	–Forn	n 216	6: General Answer to a Petition for Dissolution of Marriage with Childre	n, continued	
	C.			upport order		
		Cne	CK 1	or ii.		
		İ.		There is no child support order.		
		ii.		There is a child support order.		
		If yo	ou ch	heck ii, fill in the following information:		
			(a)	County and state where the child support order came from: ${County}$		State
			(b)	Court case number:		
	G. Re	spor	nde	nt denies anything in the Petition that is not admitted i	n this Answer.	
	H. Ot	her i	nfor	rmation:		
^	D			U- D		

2. Respondent's Request If you do not know what you want, talk to an attorney.

Respondent asks the court to: Write here what you would like the court to do. For example, tell the court if you want a divorce. Be brief. Do not write long descriptions.

Continued on next page

Rule 17.200—Form 216: General Answer to a Petition for Dissolution of Marriage with Children, continued

3.	. Attorney Help				
	Check one				
	A. An attorney did not help me prepa				
	B. An attorney helped me prepare or If you check B, you must fill in the follows		er.		
	Name of attorney or organization, if any	Attorney	's P.I.N. # – As	k the attorne	y
	Business address of attorney or organization	tion City		State	ZIP code
	() (y 's fax number –	optional Atto	rney's email	address – optional
4.	. Service Instructions				
	If Respondent is filing in paper				
	Check one				
	A. Respondent will accept service of a	documents at t	he attorney's	address lis	sted above; or
	B. Respondent will accept service of d	ocuments in th	is case at the	mailing ad	dress below.
5.	 Certification of Service by Mailing of Section 5 to be completed only if filing in paper or This document, if filed electronically, will automate 	if the other party			iling.
	I,,	certify that on	1		, 20
	I mailed or gave a copy of this Answer to address:	the other party	or the other	party's att	orney at this
	Name of person to whom I delivered or mailed it				
	Party's or attorney's mailing address	City		State	ZIP code
6.		,			
	1	have road thi	o Anguer en	all acetifus	ındar nanaltı (
	Print your name	have read thi	s Answer, an	d i certily t	inder penalty
	of perjury and pursuant to the laws of the in this Answer is true and correct.	State of Iowa	that the infor	mation I ha	ave provided
	, 20				
	Signed on: Month Day Year	Your sign	nature*		
	Mailing address	City		State	ZIP code
	() Email address			email addres	ss, if applicable
	* Whether filing electronically or in paper, you must ha				
	scan the form after signing it and then file electronica				
	Important Instructions for	or filing this form	n on next page	1_	

Instructions for Rule 17.200—Form 216: General Answer to a Petition for Dissolution of Marriage with Children

Instructions for Filing an Answer to a Petition for Dissolution of Marriage with Children

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

□ Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file.
 For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented) for eFiling</u> on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when
 you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer.
 The login page can be accessed from two different paths: you may <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case.</u>
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the efiling of
 your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your Answer. For help, see <u>How to Resubmit a Returned Filing</u>.
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must
 mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 201).
- · The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- · Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, or mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address.

Do not file these instructions

December 2013

Instructions for Rule 17.200-Form 216

Page 1 of 1

[Court Order December 19, 2013]

Forms 217 to 220: Reserved

Rule 17.200—Form 221: Affidavit for Temporary Custody and Visitation

Form 221 is for either party to tell the court about custody and visitation before the case is finished, or to have a witness tell the court about custody and visitation before the case is finished.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where the case is filed
Upon the Petition of	Equity case no
Petitioner Full name as it appears on the Petition: first, middle, last	Affidavit for Temporary Custody and Visitation
and concerning	
Respondent Full name as it appears on the Petition: first, middle, last	
1. Statement A. My name is ${Full \ name \ of \ witness: \ first, \ middle,}$, last
B. My relationship to First, middle, last name of sis:	party; or initials of child (Do not use child's full name.)
	this Affidavit to determine temporary custody and were present in court, I would testify as follows:
☐ Check here if there are additional pages at	tached.
Contin	ued on next page

Rule 17.200—Form 221: Affidavit for Temporary Custody and Visitation, continued

If y	ou check B,	you must fill	in the following	II in this pape	1.		
Nan	ne of attorne	ey or organiz	ation, if any	Attorney's	s P.I.N. # – Ask	the attori	ney
\overline{Bus}	siness addres	ss of attorney	or organizatio	on City		State	ZIP code
) orney's phon I Sianatu	re of Witi	ness				
Oath and I, laws of the	State of lo		, c ave read this	ertify under pe Affidavit and			
Oath and I, laws of the in this Affic	State of lo	owa that I h	, c ave read this オ. 20		that the infor		
Oath and I, laws of the	State of lodavit is true	owa that I he and correct	ave read this t. 20	Affida∨it and	that the infor		

- If the witness is not Petitioner or Respondent in this case, give the form to the person who asked you to fill it out.
- $\bullet \ \, \textit{If the witness is either Petitioner or Respondent in this case, attach the \textit{Affidavit to your Motion (form 222)}.}$

Rule 17.200—Form 222: Motion in a Dissolution of Marriage with Children

Use this form if you want to ask the court to do something after your court case has already started.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where your case is f	County
Upon the Petition of	Equity case no	
Petitioner Full name: first, middle, last		a Dissolution of with Children
and concerning		
Respondent Full name: first, middle, last		
A. O Petitioner B. O Respondent 1. Request A. I ask the court to Check all that apply. If you check any box in A, you (1) Change the hearing date that has be (2) Award me temporary financial support (3) Order temporary custody and visitate (4) Order temporary child support and re (5) Order counseling (conciliation). (6) Set a hearing date for a divorce Dece (7) Shorten the 90-day waiting period for (8) Award me attorney's fees before the (9) Award spousal support (alimony) to (10) Order genetic testing to decide pate appear for testing. (11) Appoint an attorney to represent the	een set for Month ort. ion. medical support. or getting a divorce Decre divorce is final. me before the divorce is rnity and require that Perence child (required when as	Day, 20 Tee. s final. stitioner, Respondent, and child
Continued	on next page	

${\it Rule~17.200Form~222: Motion~in~a~Dissolution~of Marriage~with a property of the propert$	a Children, continued
(12) Other request Explain	
B. I am making the request(s) in this Motion k	pecause:

Continued on next page

2. Attorney Help

Rule 17.200—Form 222: Motion in a Dissolution of Marriage with Children, continued

	Name of attor	WA 241 A14 A14 A14	nization if an	Attornom'	DIN #	Ask the attorn	14.011
	Name of allor	ney or orgar	uzauon, y an	y Attorney .	8 P.I.IV. # —	Ask the attori	ney
	Business addr	ress of attorn	ney or organiz	cation City		State	ZIP code
	() Attorney's ph	one number	(ney's fax number – o	otional A	lttorney's ema	til address – op
This d	ocument, if filed	electronical	ly, will autom	or if the other party atically be served o _, certify that on	n registered	l parties.	
$\frac{\text{addre}}{Name}$	of person to who	om I delivere	d or mailed it	.			
Name				City		State	ZIP code
Name Party'	of person to who	nailing addre	? SS	- City			
Name Party' Oath	of person to who	nailing addre	? SS		enalty of p		
Name Party ' Oath I,	of person to who s or attorney's n and Signat t your name of the State of lotion is true a	nailing addre ture Towa that I	have read	City _, certify under perthis Motion and the ourt to grant this	nat the info	erjury and p	ursuant to th
Name Party ' Oath I,	of person to who s or attorney's n and Signat t your name of the State of	nailing addre ture Towa that I	have read	<i>City</i> _, certify under pe	nat the info	erjury and p	ursuant to th
Name Party ' Oath I,	of person to who s or attorney's n and Signat t your name of the State of lotion is true a	nailing addre ture Towa that I	have read	City _, certify under perthis Motion and the ourt to grant this	nat the info	erjury and p	ursuant to th
Name Party ' Oath I,	of person to who s or attorney's n and Signat t your name of the State of lotion is true a	ture Howa that I and correct.	have read	City _, certify under perthis Motion and the court to grant this Your signature*	nat the info	erjury and pormation I ha	ursuant to th

Rule 17.200—Form 223: Response to a Motion

Use this form if your spouse has filed a Motion (most likely form 222) and you disagree with what your spouse is asking the court to do in that Motion.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	county where your case is filed
Upon the Petition of	Equity case no
Petitioner Full name: first, middle, last	Response to a Motion
and concerning	
Respondent Full name: first, middle, last	
why you disagree with the request in C. (1) Change the hearing date that ha (2) Order temporary financial supports (3) Order temporary custody and vis (4) Order temporary child support a	at apply. If you check any box in B, you must tell the court as been set for $\underline{\hspace{1cm}}$, 20 $\underline{\hspace{1cm}}$. Year ort.
(5) Order counseling (conciliation).(6) Set a hearing date for a divorce	Decree by default.
(7) Shorten the 90-day waiting period	
(8) Award attorney's fees before the(9) Award spousal support (alimony	

Rule 17.200—Form 223: Response to a Motion, continued
(10) Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
(11) Appoint an attorney to represent the child (required when asking to disestablish paternity).
(12) Other request Explain
C. I disagree with the Motion because:

Continued on next page

Rule 17.200—Form 223: Response to a Motion, continued

3.	Attorney Help								
	Check one								
	A. O An attorney did not help me prepare or fill in this paper.								
	B. O An attorney helped me prepare or fill in this paper.								
	If you check B, you must fill in the follo	owing information:							
	Name of attorney or organization, if ar	ny Attorney's P.I.N. #	– Ask the attorney						
	Business address of attorney or organi	ization City	State	ZIP code					
	())							
	(ney's fax number – optional	Attorney's email	l address – optional					
1	Certification of Service by Mailing	or Delivery							
٦.	Section 4 to be completed only if filing in paper		pt from electronic j	filing.					
	This document, if filed electronically, will auton								
	I,	, certify that on		, 20					
	I, Print your name	Month	Day	<u>Year</u>					
	I mailed or gave a copy of this Respons	se to the other party or t	he other party's	attornev at					
	this address: Name of person to whom I delivered or mailed to	it .							
	name of person to whom I delivered or maned i	u							
	Party's or attorney's mailing address	City	State	ZIP code					
5.	Oath and Signature								
	I,	certify under penalty of	of periury and pu	irsuant to the					
	laws of the State of Iowa that I have read								
	in this Response is true and correct.								
	·								
	Signed on: Month Day, 20 Year	Vour signature*							
	Signed on. Monin Day Tear	10ur signature							
	Mailing address		State	ZIP code					
		•							
	Phone number Email address	s Add	itional email addre	SS – if available					
	·								
	* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically scan the form after signing it and then file electronically.								
Dec	sember 2013 Pu	ule 17 200—Form 223		Dage 3 of 3					

Each party must complete one of these forms. Provide as much information as you can.

Caution: This form may require you to provide protected or sensitive information.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211), if you have not already done so.
- ffiling in paper, you may use form 211 to provide any protected information in full if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the lowa District Court for	County
	County where your case is filed
Upon the Petition of	Equity case no.
Petitioner Full name: first, middle, last	Financial Affidavit for a Dissolution of Marriage with Children
and concerning	
Respondent Full name: first, middle, last	
l am	
Check one	
A. Petitioner	
B. Respondent	
l <u>,</u> Print your name	, state that this is a true and complete statement
of my assets, debts, and present in	come as of the $\underline{\underline{Day}}$ day of $\underline{\underline{Month}}$, 20 $\underline{\underline{Year}}$.
1. Assets Things you and your spouse own.	•
A. Real estate Attach additional sheets if necessary.	
*Owner (Whose name is on the deed?): $P = P$	etitioner $R = Respondent \ J = Joint (Both)$

Type of real estate	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1) Homestead Address of the home you own & where you usually live		\$	\$ to:	\$
(2) Other real estate Address of other houses, apartments, or land that you own.		\$	\$ to:	\$

[☐] Check this box if you have attached a sheet with additional information on real estate.

B. Vehicles

Includes cars, trucks, motorcycles, and other motorized vehicles.

*Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)

Vehicles Make (e.g. Ford) Year	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net Value Market value minus debt owed
(1)		\$	\$	\$
		Ψ	to:	Ψ
(2)		\$	\$	\$
		Φ	to:	D D
(3)		c	\$	•
		\$	to:	\$

[☐] Check this box if you have attached a sheet with additional information on vehicles.

C. Securities, stocks, & bonds

*Owner (Whose name is on the securities, stocks, or bonds?): P = Petitioner R = Respondent J = Joint (Both)

Securities, stocks, & bonds Company name	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed	
(1)		\$	\$	\$	
		Ψ	to:	¥	
(2)	\$		¢	\$	\$
(2)		Φ	to:	Э	
(3)		•	\$	\$	
		\$	to:	Φ	

[☐] Check this box if you have attached a sheet with additional information on securities, stocks, and bonds.

D. Life insurance

*Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)

Life insurance Company name	Owner* P,R,J	Cash value Not death benefit	Loan from cash value Total amount still owed on loan	Net value Cash value minus loan owed
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

[☐] Check this box if you have attached a sheet with additional information on life insurance.

E. Bank accounts

*Owner (Whose name is on the checking or savings account?): P = Petitioner R = Respondent J = Joint (Both)

Checking & savings accounts Bank or Credit Union name If you do not use bank accounts, write "Cash"	Owner*	Cash value	Personal loans or overdraft accounts Total amount you still owe on it	Net value Cash value minus loan / overdraft owed
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

☐ Check this box if you have attached a sheet with additional information on checking and savings accounts.

F. Household contents

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Household contents Describe	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1) Furniture		\$	\$	\$
a.			to:	
b.		\$	to:	\$
			\$	
C.		\$	to:	\$
d.		\$	\$	\$
			to:	
(2) Appliances / Electronics a.		\$	\$	\$
			to:	
b.		\$	to:	\$
C.		\$	\$	\$
C.		Ψ .	to:	Ψ
d.		\$	\$	\$
			to:	,
(3) Other contents		\$	\$	\$
a.			to:	

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

b.	\$	\$ to:	\$
C.	\$	\$ to:	\$

G. Retirement assets

*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)

Retirement assets Examples: Pensions, IRAs, 401(k)s, annuities, etc.	Owner*	Market value What it would sell for	Loan from retirement account Total amount you still owe on it and to whom owed	Net value Market value minus loan owed
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on retirement assets.

H. Other assets

Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Other assets Describe	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1)		\$	\$ to:	*
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on other assets.

Totals

(1) Total from attached sheets	Listed in 1A-H.	\$
(2) Total net value of assets	Listed in 1A-H.	\$ 0.00

2. Other Debts

Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.

Include as "Other Debts" money you or your spouse owe that you did not include in the "Debt" or "Loan" columns in 1A-H.

*Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)

Other debts List only those not included as "debt" or "loans" under "Assets" in part 1.	Whose debt?* P,R,J	Amount owed
A.		\$
В.		\$
C.		\$
D.		\$
E.		\$
F.		\$
G.		\$
H.		\$
L		\$
J.		\$
K.		\$
L.		\$
M.		\$
N.		\$
O. Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on other debts and enter the total.		\$
Total other debts Including amounts shown on attached sheets, if any.		\$

Continued on next page

3. Income and Deductions

The deductions listed in section 3 are the deductions allowed by the Iowa Child Support Guidelines and are subtracted when determining net income.

A. Petitioner

(1) Income and Deductions If you are Respondent, give your best estimate for each amount. *How often is income paid or deduction taken?

 $W = Weekly \ B = Bi$ -weekly (every other week) $M = Monthly \ T = Two times a month$

Current income and deductions	Ir	ncome	Dec	luctions
for Petitioner Sources of income and deductions, not including Social Security benefits	How often paid?* W,B,M,T	Gross amount Before deductions	How often taken?* W,B,M,T	Amount of deduction
a. Wages from employer				
Employer name:		\$		\$
Job title:				
b. Wages from employer				
Employer name:		\$		\$
Job title:				
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other Identify:		\$		\$
h. Other Identify:		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.				\$
k. Union Dues				\$
**I. Prior court-ordered child support Paid to:				\$
**m Prior court-ordered medical support Paid to:				\$
**n. Prior court-ordered spousal support (alimony) Paid to:				\$
Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.		\$		\$
Totals		\$ 0.00		\$ 0.00
Current income and deductions for Petitioner		Income total		Deductions total

^{**}Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.

(2) Petitioner's other children with no court-orderd support, if any: If you are Respondent,

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

			middle, & last s of each child	Birth	year		ddle, & last f each child	Birth yea	r
	i.					iv.			
	ii.					V.			
	iii.					vi.			
			eck this box if you itioner is the legal		iched a sheet	t listing ad	ditional childre	en for whom	
3) P			ner's actual chi	-	expenses	due to ei	mplovment i	if anv	
-			todial parent only		-			-	
\$;		nei	r					
Ψ		Am	ount	Frequen	ісу				
4) P	Peti	itio	ner's income fr	om Soc	ial Securit	v benefits	s. if anv:		
•	•				iai oooaiii	, 20110111	o, ay.		
- 2	1	Su	nnlemental Se	curity In	come (SSI	l) if anv			
а			pplemental Sec Supplemental Sec	-			oner for disabilit	tv: \$	per mo
а		i.	Supplemental Sec	curity Inco	ome (SSI) pa	id to Petitic			·
а		i. ii.	Supplemental Sec	curity Inco	ome (SSI) pa	id to Petitic	en for their disa	bility: \$	per mo
а		i. ii.	Supplemental Sec	curity Inco	ome (SSI) pa	id to Petitic	en for their disa	bility: \$	per mo
а		i. ii.	Supplemental Sec	curity Inco	ome (SSI) pa	id to Petition id to childre who rece	en for their disa	sbility: \$efits <i>Use initi</i>	per mo
a		i. ii.	Supplemental Sec Supplemental Sec List the children First, middle, &	curity Inco	ome (SSI) pa ome (SSI) pa oner's home	id to Petition id to childre who rece	en for their disa	sbility: \$efits <i>Use initi</i>	per mo
a		i. ii.	Supplemental Sec Supplemental Sec List the children First, middle, & initials of each	curity Inco	ome (SSI) pa ome (SSI) pa oner's home	id to Petition id to childre who rece	en for their disa eive SSI bene First, middle initials of ea	sbility: \$efits <i>Use initi</i>	per mo
а		i. ii.	Supplemental Sec Supplemental Sec List the children First, middle, & initials of each	curity Inco	ome (SSI) pa ome (SSI) pa oner's home	id to Petition id to childre who rece	en for their disa eive SSI bene First, middle initials of ea	sbility: \$efits <i>Use initi</i>	per mo
а		i. ii.	Supplemental Sec Supplemental Sec List the children First, middle, & initials of each (a) (b) (c) Check this b	eurity Inco	ome (SSI) pa ome (SSI) pa oner's home Birth yea	id to Petitic id to childre who rece r	en for their disa eive SSI bene First, middle initials of ea (d)	fits Use initi	per mo
		i. ii. iii.	Supplemental Sec Supplemental Sec List the children First, middle, & initials of each (a) (b) (c) Check this b	eurity Inco	ome (SSI) parome (SSI) parome is home. Birth year	id to Petitic id to childre who rece r ed a sheet 1	en for their disa	fits Use inition, & last child	per mo ials only: Birth year
) .	i. ii. iii.	Supplemental Sec Supplemental Sec List the children First, middle, & initials of each (a) (b) (c) Check this b Supplemental	in Petitic last child ox if you al Security isability	ome (SSI) parome (SSI) parome is home. Birth year	id to Petitic id to childre who rece r ed a sheet 1	en for their disa	fits Use inition, & last child	per mo
) .	i. ii. iii.	Supplemental Sec Supplemental Sec List the children First, middle, & initials of each (a) (b) (c) Check this b Supplemental Security Discourage of the children of the child	in Petitic last child ox if you al Securit	ome (SSI) parome (SSI) parome (SSI) parome is home. Birth year have attached y Income (SSI) or SI	id to Petitic id to childre who rece r and a sheet l	en for their disa	fits Use initions, & last child	per mo
) .	i. ii. iii. So i.	Supplemental Sec Supplemental Sec List the children First, middle, & initials of each (a) (b) (c) Check this b Supplemental cial Security Di Benefit paid for F	eurity Inco	ome (SSI) parome (SSI) parome (SSI) paromer's home birth year birt	id to Petitic id to childre who rece r and a sheet l	en for their disa	fits Use inition of the set of th	per mo
) .	i. ii. iii. So i. iii.	Supplemental Sec Supplemental Sec Supplemental Sec List the children First, middle, & initials of each (a) (b) (c) Check this b Supplementa cial Security Di Benefit paid for F	curity Inco	bome (SSI) paragramme (id to Petitic id to childre who rece r ad a sheet l SI). Social Se	en for their disa	fits Use inition of the set of th	per mo

Ch 17, p.139

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

First, middle, & last initials of each child	Birth year	First, m
(a)		(d)
(b)		(e)
(c)		(f)

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

[☐] Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSD).

B. Respondent

(1) Income and Deductions If you are Petitioner, give your best estimate for each amount.

*How often is income paid or deduction taken?

 $W = Weekly \quad B = Bi$ -weekly (every other week) $M = Monthly \quad T = Two times a month$

Current income and deductions	Ir	ncome	Deductions		
for Respondent Sources of income and deductions, not including Social Security benefits	How often paid?* W,B,M,T	Gross amount Before deductions	How often taken?* W,B,M,T	Amount of deduction	
a. Wages from employer Employer name: Job title:		\$		\$	
b. Wages from employer Employer name: Job title:		\$		\$	
c. Unemployment assistance		\$		\$	
d. Workers' compensation		\$		\$	
e. Pension / Retirement		\$		\$	
f. Veteran's benefits		\$		\$	
g. Other Identify:		\$		\$	
h. Other Identify:		\$		\$	
i. Other Identify:		\$		\$	
j. Mandatory pension contribution List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.				\$	
k. Union Dues				\$	
**I. Prior court-ordered child support Paid to:				\$	
**m.Prior court-ordered medical support Paid to:				\$	
**n. Prior court-ordered spousal support (alimony) Paid to:				\$	

 Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on Respondent's income and deductions. 		\$		\$
Totals Current income and deductions for Respondent		\$ 0.00 Income total		\$ 0.00 Deductions total
**Under "Amount of deduction," list the amount of child supp	ort or spousal :	support actually pai	id under a prio	or court order

(2) Respondent's other children with no court-orderd support, if any: If you are Petitioner, provide as much information as you can.

List the initials and birth year of each child for whom Respondent is the legal parent. Do not include any children involved in this case.

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
V.	
vi.	

[☐] Check this box if you have attached a sheet listing additional children for whom Respondent is the legal parent.

(3) Respondent's actual child care expenses due to employment, if any:

For custodial parent only	If you are no	t the custodial	navant skin to (1)
r or cusioaiai bareni oni	v. 11 vou are no	i irie custoaiai	Dareni, Skib io (4).

\$ 	per	
Amount		Frequency

- (4) Respondent's income from Social Security benefits, if any:
 - a. Supplemental Security Income (SSI), if any:

i	Supplemental :	Security I	Income (S	SI) naid	to F	espondent for	disability:	\$	per month
1.	Supplemental	oecunty i	micorne (S	OI) Dalu	LO I	respondent for	uisability.	J	DEL HIGHLI

ii. Supplemental Security Income (SSI) paid to children for their disability: \$_____per month

iii. List the children in Respondent's home who receive SSI benefits *Use initials only*:

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).

^{**}Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.

b.	Social Security Disabili	ity (SSD) or So	cial Securi	ty Retiremer	nt (SSR), if a	ny:
	i. Benefit paid for Respor	ndent	\$		pe	r month
	ii. Benefit paid for each ch	nild in Respondent	s home \$_		pe	r month
	iii. Number of children rec	eiving benefits	_	childrer	1	
C.	Social Security Disabili	ity (SSD), if an	y:			
	i. Paid to children for thei		\$		pe	r month
	ii. List the children in Res	pondent's home w	ho receive S	SD benefits Us	e initials only:	
	First, middle, & last initials of each child	Birth year		st, middle, & l tials of each c		h year
	(a)		(d)			
	(b)		(e)			
	(c)		(f)			
	☐ Check this box if you h	ave attached a she	et listing add	litional childre	n who receive	
	for Petitioner If you are Restitioner has health insulation. True False If you check a, list the frequency of the point o	rance available sency and cost of k (2). Seekly $B = Bi$ -we	e through e	employer. nce paid. ther week) M	unt. I = Monthly	
	Type of employer health	insurance	W,B,M		Cost	
	Single health insurance			\$		
	Family health insurance			\$		
(2) Pe a. b.	titioner has health insulation True True False If you check a, list the frequility ou check b, continue to (*How often paid? $W = We$ $T = Two$ times a month	nency and cost of h	nealth insurar	nce paid.	nployer. M = Monthly	

True False

If you check b, continue to (4).

Type of other health insurance	How often paid?* W,B,M,T	Cost
Single health insurance		\$
Family health insurance		\$

(3) Petitioner pays medical support for the child or children as required by court order.

*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly

If you check a, list the frequency and cost of medical support paid.

	$T = Two \ times \ a \ month$			
	Medical support paid to	How often paid?* W,B,M,T	Cost	
			\$	
			\$	
			\$	
(4) Pera. b.	titioner has dental insurance availab	ole through employer	·.	
	If you check a, list the frequency and cost of If you check b, continue to (5).	f dental insurance paid.		
	*How often paid? $W = Weekly$ $B = Bi-v$ $T = Two times a month$	veekly (every other week)	M = Monthly	
	Type of employer dental insurance	How often paid?* W,B,M,T	Cost	\neg
	Single dental insurance		\$	
	Family dental insurance		\$	\neg
(5) Pe	titioner has dental insurance throug	h a source other than	n employer.	_
a. b.	True False			
δ.	If you check a, list the frequency of other de If you check b, continue to (6).	ntal insurance paid.		
	*How often paid? $W = Weekly$ $B = Bi-v$ $T = Two \ times \ a \ month$	veekly (every other week)	M = Monthly	
r 2013	Rule 17.200-	—⊦orm 224		Page 11 c

Type of other dental insurance	How often paid?* W,B,M,T	Cost
Single dental insurance		\$
Family dental insurance		\$

	Single dental insurance		\$		
	Family dental insurance		\$		
(6) Petitioner pays other medical expenses not covered by insurance.					

b.	False
	If you check a, list the cost and frequency of other medical expenses paid that are not covered by
	insurance. Include all medical, dental, vision, etc. expenses as one lump sum.

If you check (6)b, continue to 4B, Costs for Respondent.

*How often paid? W = Weekly B = Bi-weekly (every other week) M = MonthlyT = Two times a month

How often paid?* W,B,M,T	Cost
	\$
	\$

- B. Costs for Respondent If you are Petitioner, give your best estimate for each amount.
 - (1) Respondent has health insurance available through employer.

a.	0	True
b	\cap	False

If you check a, list the frequency and cost of health insurance paid. If you check b, continue to (2).

*How often paid? W = Weekly B = Bi-weekly (every other week) M = MonthlyT = Two times a month

Type of employer health insurance	How often paid?* W,B,M,T	Cost
Single health insurance		\$
Family health insurance		\$

(2)	Respondent has health insurance through a source other than	an employer
	a. O True	
	b. False	
	If you check a, list the frequency and cost of health insurance paid.	
	If you check b, continue to (3).	
	*How often paid? $W = Weekly$ $B = Bi$ -weekly (every other week)	M = Monthly
	T = Two times a month	

Type of other health insurance	<u> </u>	en paid?* Cost
Single health insurance		\$
Family health insurance		\$

(3) Respondent pays medical support for the child or children as required by court

Medical support paid to	How often paid?* W,B,M,T	
	W,D,W1,1	Cost
		\$
		\$
		\$
If you check a, list the frequency and of you check b, continue to (5). *How often paid? W = Weekly B T = Two times a month	= Bi-weekly (every other we	eek) M = Monthly
f you check b, continue to (5). *How often paid? W = Weekly B	= Bi-weekly (every other we	eek) M = Monthly
f you check b, continue to (5). *How often paid? W = Weekly B T = Two times a month	= Bi-weekly (every other we How often paid?*	eek) M = Monthly

Type of other dental insurance	How often paid?* W,B,M,T	Cost
Single dental insurance		\$
Family dental insurance		\$

		(6) Res	spondent pays oth	ner medical	exper	nses not covered l	oy insurance.	
		a. (True		·		•	
		b.	False					
			If you check a, list the insurance. Include a					? not covered by
			If you check (6)b, con	ntinue to 5, Exp	enses.			
			*How often paid? W T = Two times a mon		3 = Bi-v	veekly (every other we	eek) $M = Mor$	ıthly
			How often paid?* W,B,M,T	Cost				
				\$				
				\$				
5.	Ex	penses	S					
	A.	Living a	arrangements					
		Check or	ne					
		(1)	My spouse and I liv	e in the same	home			
		(2)	My spouse and I do	not live in the	e same	home.		
	B.	Му ехр	enses					
		Note: Yo	ou must complete this :	section if you o	r your s	pouse want spousal s	upport (alimony	<i>י</i>).
			ften paid?: $W = Week$ so times a month $A = 1$		kly (eve	ery other week) $M = 1$	Monthly	,
		Туре с	of expense			Paid to	How often paid?* W,B,M,T,A	Monthly payment
		(1) Ho	ouse payment or ren	t				\$

Type of expense	Paid to	How often paid?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$
(5) Medical, dental Not health insurance payments – see (10).			\$

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

(6) Utilities (gas, electric)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Credit card payments	\$
(12) Car loan payments	\$
(13) Other loan payments	\$
(14) Other expense Identify:	\$
(15) Other expense Identify:	\$
(16) Other expense Identify:	\$
(17) Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on your expenses.	\$
Total expenses	\$ 0.00

Continued on next page

6. Attorney Help

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

	Name of attorn	ey or organiza	ation, if any	Attorney's	P.I.N. # -	Ask the attori	пеу
	Business addre	ss of attorney	or organizat	ion City		State	ZIP code
	()_		_ () v's fax number – op			
Sectio.	ification of Son 8 to be complete locument, if filed e	d only if filing	; in paper or	if the other party			filing.
I,	nt your name			certify that on			, 20
Prin	ıt your name				Month	Day	Yea
attorr Name	led or gave a coney at this addroise of person to whom 's or attorney's ma	ress: n I delivered o		ffidavit to the o	ther party	State	ZIP code
Name Party Oath	of person to whom 's or attorney's mand Signatu	ress: In I delivered of the properties of the p	r mailed it	City		State	ZIP code
Name Party Oath	of person to whon 's or attorney's mand Signatu	ress: In I delivered of the properties of the p	r mailed it	City		State	ZIP code
Name Party Oath I, Prin	of person to whom 's or attorney's mand Signatu	ress: In I delivered of ailing address IITE Owa that I hancial Affidavi	r mailed it , ave read the	City certify under pe is Financial Affic d correct.	nalty of pe	State	ZIP code
Name Party Oath I, Prin laws	of person to whom 's or attorney's man and Signature of the State of le	ress: In I delivered of ailing address Ire	r mailed it , ave read the	City certify under pe	nalty of pe	State	ZIP code
Name Party Oath I,	of person to whom 's or attorney's mand Signaturate your name of the State of led	ress: In I delivered of ailing address IITE Owa that I hancial Affidavi	r mailed it , ave read the	City certify under pe is Financial Affic d correct.	nalty of pe	State	ZIP code

Rule 17.200—Form 225: Affidavit of Mailing Notice

Petitioner: You **must** file this Affidavit if you served Notice by Publication in a newspaper and you ask the court for a divorce Decree by default. Petitioner **must** also complete the oath and signature section on the next page.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where your case is filed	County
Upon the Petition of	Equity case no	ailing Notice
Petitioner Full name: first, middle, last	Allidavit of W	alling Notice
and concerning		
Respondent Full name: first, middle, last	-	
 Attorney Help Check one A. An attorney did not help me prepar B. An attorney helped me prepare or f 		
If you check B, you must fill in the following		
Name of attorney or organization, if any	Attorney's P.I.N. # – Ask t	he attorney
Business address of attorney or organizati	ion City	State ZIP code
() ('s fax number - optional Attorn	ey's email address – op

Petitioner's Oath and Signature on next page

Rule 17.200—Form 225: Affidavit of Mailing Notice, continued

Petitioner's Oath and Sig	nature				
l,	,	certify under per	nalty of perju	ry and p	oursuant to the
Print your name					
laws of the State of Iowa that	on the			, I se	nt by ordinary
	Day		Yea	ar	
mail with proper postage, the	following p	aper or papers:			
Check one					
Original Notice and Petition	on for Disso	lution of Marriage.	or		
<u>~</u>					
Notice of Intent to File a V	Written Appli	ication for Default I	Decree		
to Respondent's last-known a	ddress as	follows:			
Respondent's street address		City		State	ZIP code
	20				
Signed on: Month Day	, 20 Year	Petitioner's signa	nturo*		
Digned on. World Day	1041	1 cilioner 3 signa	illii C		
					_
Mailing address		City		State	ZIP code
	., ,,		4.7.7:	.1 11	
Phone number En	nail address		Additional e	mail addi	ress – if available
* Whether filing electronically or in na	ner vou must	handwrite vour sianatı	ure on this form	If you are	filing electronically

Rule 17.200—Form 226: Notice of Intent to File Written Application for Default Decree

Petitioner: If Respondent has not filed an Answer or Motion within 20 days from the date of Service of the Original Notice or date of the Acceptance of Service, you may seek a Default Decree.

Before Petitioner asks the court for a Default Decree of Dissolution of Marriage, Petitioner must file this form (226).

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District C	ourt for	unty where your c		Coi	unty
	Con	unty where your c	ase is filed		
Upon the Petition of		Equity case n	o		
Petitioner Full name: first, middle, last	(of Intent to tion for De		
and concerning					
Respondent Full name: first, middle	e, last				
To: Respondent's first name	26.14				
Respondent's first name	Middle name	Last na	me		
Date of Notice:	, 2	0			
	Day nportant Notice				
Handwritten signature of Petitioner or	ou should seek leg	/s/		ioner or	Attorney
if filing in paper		if filing electi	ronically		
The person who provided the signa	ture above must fil	l in the informati	on below.		
Present street address (If attorney,	, firm address)	City		State	ZIP code
()	Email addre				
	Email addre	P.S.S			
Instructions for Petitioner					
Filing your Notice electron	•				
EDMS will automatically serve Re		,	·	·	
Filing your Notice in pape	•	-	om the court to	file in pa	per)
 Deliver a copy of this form to F Complete form 225 and file the File the original of this form (2) Keep a copy for your records. 	e original at the clerk of 26) at the clerk of court	court's office.			
December 2013	Rule 17.20	00—Form 226			Page 1 of 1

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children

Use this form only if you have filed a Petition for Dissolution of Marriage (201) and:

- Your spouse (Respondent) did not file an Answer, or
- Your spouse will not work with you to prepare a Settlement Agreement (228).

Caution: This form may require you to provide protected or sensitive information.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.
- If filing in paper, you may use form 211 to provide any protected information in full if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County where your ca	se is filed	County
Upon the Petition of	Equity case no)	
Petitioner Full name: first, middle, last		r Relief in a riage with (Dissolution Children
and concerning			
Respondent Full name: first, middle, last	-		
and you fear for your safety, you may leave your	address, phone number, a	nd email blank.	
		nd email blank.	
and you fear for your safety, you may leave your I am Check A or B and fill in C and D. A. Petitioner B. Respondent	sidence:	nd email blank.	ZIP code
and you fear for your safety, you may leave your I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present re	sidence: Birth year		
and you fear for your safety, you may leave your I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present re Petitioner's present street address	Sidence: Birth year City () Phone number	State Email a	
I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present re Petitioner's present street address County	Sidence: Birth year City Phone number residence:	State Email a	

2. Request for Relief

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children, continued

A.	Childre	en Check all that are true			
	(1)	Petitioner and Respondent agree to the Plan (229). A parenting plan must be pr			
	(2)	Petitioner and Respondent do not a lifeld a Proposed Parenting Plan (2 Request for Relief.	agree about custody and vi 230). <i>A parenting plan must b</i>	sitation. e provided t	o the court with the
	(3)	Petitioner has taken the children in	the middle course. Attach	certificate	
	(4)	Respondent has taken the children	in the middle course. Atta	ch certifica	ıte
В.		down of marriage arriage is broken down and cannot b	e saved.		
C.	Couns	selina			
		eling will not save the marriage.			
D.	Waitin	g period before decree Check one			
	(1)	More than 90 days have passed sir an Original Notice.	nce Respondent accepted	service or	was served with
	(2)	Fewer than 90 days have passed s an Original Notice, but I want the co hearing because:			
E.	Financ	This paper explains how I would like	e to settle all issues in my	divorce.	
	(1)	I filed a Financial Affidavit (224). I didentity and value of all assets and		losed all ir	ncome and the
	(2) 🔾	I am asking that the court not require	re me to file a Financial Aff	fidavit beca	ause:
F.	Child s	support Check all that are true			
		ount of child support is determined using an Services provides a child support esti			
	(1)	Petitioner shall pay child support to R	Respondent in the amount of	f \$	per month.
	(2)	Petitioner shall pay child support to a	third party in the amount of	·\$	per month.
		Third party's full name: first, middle, las	t		
		Present street address	City	State	ZIP code
		County			

Rule 17.200-	–Form 227: Request for I	Relief in a Disso	olution of Marriage	e with Children, continued	l		
(3)	☐ Respondent sha	all pay child s	upport to Petitio	ner in the amount of \$		pe	r month.
(4)	☐ Respondent sha	all pay child s	upport to a third	party in the amount of	\$	pe	r month.
	Third party's full	name: first, mi	iddle, last				
	Present street ad	ldress	City		<i>State</i>	ZIP code	
	County						
(5)	Child support paym	ents shall be	egin on the	day of		, 2	20
	for the following chi	ldren:		Month			Year
	First, middle, & initials of each		Birth year	First, middle, & initials of each		Birt	h year
	a.			d.			
	b.			e.			
	c.			f.			
	☐ Check this b	ox if you are o	attaching a separ	rate sheet listing additio	nal childi	ren.	
Guidelines amount. If you check (6), write the amount you want and explain why in b. a. Amount requested:\$ per month b. Child support should be different from the Guidelines amount because:							
	x exemption I ask the court to se	et the tax dec	luction as follov	vs:	Check or	ne for eac	h child
	First, middle, & last initials of each child	Birth year	Parent who child for tax	should now claim deduction	Every Year	Even Years	Odd Years
	a.				0	0	0
	b.				Ō	Ò	Ŏ
	c.				0	O	Ö
	d.				O	0	O
	e.				Ō	O	Ŏ
	f.				Ō	Ō	Ō
	☐ Check this box if	you are attac	hing a separate s	sheet listing additional o	children.		

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children, continued					
	(2) The deduction will start in tax year ${Year}$				
Note: The parent with custody must sign IRS Form 8332 before the non-custodial parent can take the deducti Tax forms are available from the IRS website: http://www.irs.gov . The earned income tax credit is not the same as the tax exemption.					
Н.	H. Health care expenses				
	I ask the court to set the health care expenses as follows: Check all that apply				
	Petitioner Respondent (1) will provide medical support (health insurance).				
	(2) will pay the first \$ of uncovered medical				
	expenses for the children. After that amount is spent, then uncovered medical expenses shall be paid				
	% by Petitioner and% by Respondent.				
	(3) Shall pay cash medical support in the amount of \$ per month.				
I.	Division of Personal Property Check one				
	(1) All of the personal property obtained during the marriage has been divided. I ask that Petitioner will keep the personal property in Petitioner's possession, and Respondent will keep the personal property in Respondent's possession. <i>If you check</i> (1), <i>skip to</i> J.				
	(2) Our personal property has not been divided. I ask that our personal property be divided as follows:				
	a. Petitioner will get the following as Petitioner's separate personal property:				
	b. Respondent will get the following as Respondent's separate personal property:				
	b. Respondent will get the following as respondent's separate personal property.				
	☐ Check this box if you attached a separate sheet listing additional information about personal property.				
	Note on retirement accounts and pensions: If the divorce Decree gives you or your spouse part of the other person's retirement account or pension, a separate order called a Qualified Domestic Relations Order (QDRO) must be entered. QDROs are complicated; you should ask an attorney for help with a QDRO.				
J.	Division of real estate				
	For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.				
	(1) Ownership of real estate Check one				
	a. We do not own any real estate. If you check a, skip to K.				

	b. () We own real estate loo	cated at:	
		in the Other of	Street address	
		in the City of	, County of	, and
		State of	This land is described in the deed or	contract as follows
(2)) The re	eal estate shall be:		
	Check			
	a. (Sold and the profit or c to Respondent.	lebt divided% to Petitioner and	%
	b. C	Awarded to Petitioner,	subject to all liens and mortgages.	
	o. C	'	nt, subject to all liens and mortgages.	
	d. C	Other Explain		
(3)) Additi	onal real estate		
(-)			ching separate sheets for additional parcels of	real estate.
			icated and important step in the divorce process.	, , , , , , , , , , , , , , , , , , , ,
			te, you should talk to an attorney.	
K. Di	vision o	of debts		
Ch	neck one			
(1)) Th	nere are no debts.		
(2)) 🖰 Ih	ave listed all the debts I	know about and ask that they be divided a	s follows:
,		tach additional sheets if ne		
	a. Pe	etitioner will pay the follow	wing debts:	
	i.	Business or person to value debt is owed	whom ii. Account number, if any Last 4 numbers only	iii. Total amoun still owed
	(6	a)		\$
	(i	b)		\$
	(0	c)		\$
	(0	d)		\$
	<u> </u>			

Rule 17.200-Form 227: Request for Relief in a Dissolution of Marriage with Children, continued

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Respondent's debts. c. For any debt we do not know about, the spouse who made the debt will pay that debt. You may want to close any credit cards and joint bank accounts in the names of both spouses. Closing accounts may limit the funds a former spouse has access to and may limit your liability for your former spouse's debts. Cash payment I ask that Check one Neither Petitioner nor Respondent pay any money to the other. Petitioner pay Respondent \$ ______ to equalize the division of property and debts by \overline{Day} , 20 \overline{Year} to equalize the division of property Respondent pay Petitioner \$ ___ and debts by Day Month M. Spousal support (alimony) Check one I ask that (1) Neither Petitioner nor Respondent pay spousal support (alimony) to the other. Spousal support (alimony) be paid as follows: N. Name change Check one I ask that my last name (1) () Not be changed. Be changed to: Name can only be changed to Print your former or birth name name on birth certificate or name used immediately prior to the marriage.

3.

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children, continued

Ο.	Court fees					
	Check one					
	I ask that					
	(1) Petitioner will pay all court fees.					
	(2) Respondent will pay all court fees.					
	(3) Petitioner and Respondent shall each pay one-half of the remaining court fees.					
	(4) Petitioner and Respondent shall each pay one-half of the total court fees.					
P.	Attorney's fees					
	Check one					
	(1) I have no attorney's fees.					
	(2) I will pay my own attorney's fees.					
	(3) I ask that my spouse pay me \$ for attorney's fees.					
Q.	Necessary documents					
	I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Decree.					
R.	Other request for relief					
	☐ Check this box if you have attached a separate sheet listing additional requests for relief.					
Sta	atements of Understanding and Fact					
	eck all that apply					
A.	☐ I have made a full disclosure of my property and debts to the court.					
B.	☐ This request for relief addresses all issues in my divorce.					
C.	☐ I want the court to approve this request for relief and make it part of the final Decree.					

Continued on next page

 $Rule\ 17.200-Form\ 227: \textit{Request for Relief in a Dissolution of Marriage with Children}, continued$

5. Certification of Service by Mailing or Delivery Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically will automatically be served on registered parties. I,	4.	4. Attorney Help		
B. An attorney helped me prepare or fill in this paper. If you check B., you must fill in the following information: Name of attorney or organization. If any Attorney's P.I.N. # - Ask the attorney Business address of attorney or organization City State ZIP code (_		
If you check B, you must fill in the following information: Name of attorney or organization, if any				
Business address of attorney or organization				
Attorney's phone number Attorney's fax number optional Attorney's email address - optional 5. Certification of Service by Mailing or Delivery Section's to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically will automatically be served on registered parties. 1,, certify that on		Name of attorney or organization, if any $Attorney's P.I.N. # -Ask$	the attorne	ey
Attorney's phone number Attorney's fax number optional Attorney's email address - optional 5. Certification of Service by Mailing or Delivery Section's to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically will automatically be served on registered parties. 1,, certify that on		Programme address of attention on our miretion. City	State	ZID anda
5. Certification of Service by Mailing or Delivery Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically will automatically be served on registered parties. I,				
Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically will automatically be served on registered parties. I,		() () Attorney's phone number Attorney's fax number – optional Attorn	ney 's emai	l address – optional
This document, if filed electronically will automatically be served on registered parties. I,	5.		1	C1.
I mailed or gave a copy of this Request to the other party or the other party's attorney at this address: Name of person to whom I delivered or mailed it			-	Tling.
I mailed or gave a copy of this Request to the other party or the other party's attorney at this address: Name of person to whom I delivered or mailed it		I,, certify that on		, 20
address: Name of person to whom I delivered or mailed it Party's or attomey's mailing address City State ZIP code 6. Oath and Signature I,				
Farty's or attorney's mailing address City State ZIP code 6. Oath and Signature I,, have read this Request, and I certify under penalty of perjury and pursuant to the laws of the State of lowa that the information I have provided in this Request is true and correct. Signed on: Month Day Year Your signature* Mailing address City State ZIP code (party's a	ttorney at this
Farty's or attorney's mailing address City State ZIP code 6. Oath and Signature I,				
6. Oath and Signature I,		Name of person to whom I delivered or mailed it		
6. Oath and Signature I,		Party's or attorney's mailing address City	State	ZIP code
I,, have read this Request, and I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Request is true and correct.	6.			
of perjury and pursuant to the laws of the State of lowa that the information I have provided in this Request is true and correct.		-	d L certify	under nenaltv
in this Request is true and correct.		Print your name	u 1 001111.y	arraor portatey
Mailing address City State ZIP code () Phone number Email address Additional email address, if applicable * Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.			nation I h	ave provided
Mailing address City State ZIP code () Phone number Email address Additional email address, if applicable * Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.				
(Signed on: Monin Day 1ear 1our signature		
* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.		Mailing address City	- State	ZIP code
* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.		()		
scan the form after signing it and then file electronically.		Phone number Email address Additional e	mail addre	ss, if applicable
December 2013 Rule 17.200—Form 227 Page 8 of 8			If you are fi	ling electronically,
December 2013 Rule 17.200—Form 227 Page 8 of 8				
	Dec	December 2013 Rule 17.200—Form 227		Page 8 of 8

Rule 17.200—Form 228 Settlement Agreement for a Dissolution of Marriage with Children

Use this form only if you and your spouse both agree to the terms of a Settlement Agreement.

Do not use this form if:

- You and your spouse have no children under the age of 18.
- You and your spouse have no children 18 years of age or older who still need support.
- There are no children under age 18 who were adopted or born during this marriage.

Caution: This form may require you to provide protected or sensitive information.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.
- [a] If filing in paper, you may use form 211 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	the Petition of	Equity case no		
etiti		' '	•	
	Oner Full name: first, middle, last		nent Agreem of Marriage	nent for a with Children
ınd co	oncerning			
Resp	ondent Full name: first, middle, last	_		
	Petitioner's birth year and presen	Birth year City	State	ZIP code
	County	() Phone number	Email ac	ddress
B.	Respondent's birth year and pres	sent residence: Birth year		
	Respondent's present street address	City	State	ZIP code
	County	_ () Phone number	Email a	ddress

Rule 17.200—Form 228: Settlement Agreement for a Dissolution of Marriage with Children, continued

2.	_	reements e agree to the following:
		Children Check all that are true
	,	(1) We agree to the custody and visitation set out in the Agreed Parenting Plan (229).
		 (2) We do not agree about custody and visitation. We each filed a Proposed Parenting Plan (230). A parenting plan, either form 229 or form 230, must be provided to the court with the Settlement Agreement.
		(3) Petitioner has taken the children in the middle course. <i>Attach certificate</i> .
		(4) Respondent has taken the children in the middle course. <i>Attach certificate</i> .
	B.	Breakdown of marriage The marriage is broken down and cannot be saved.
	C.	Counseling
		Counseling will not save the marriage.
	D.	Waiting period before decree Check all that apply
		(1) O More than 90 days have passed since Respondent accepted service or was served with an Original Notice.
		(2) Fewer than 90 days have passed since Respondent accepted service or was served with an Original Notice, but we want the court to take action right away without a separate hearing because:
	_	This paper explains how we would like to settle all issues in our divorce. Financial affidavits Check one
	⊏.	
		(1) Petitioner or Respondent has filed a Financial Affidavit (224). If you check (1), check each that is applicable.
		 a. Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts. b. Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and value of all assets and debts.
		(2) We are asking that the court not require us to file Financial Affidavits because:
	F.	Child Support Check all that are true Note: The amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Department of Human Service provides a child support estimator on its website. Go to: https://childsupport.ia.gov/ .
		(1) Petitioner shall pay child support to Respondent in the amount of \$ per month.

(2) Petitioner shall pay child support to a third party in the amount of \$ _____ per month.

 $\textbf{Rule 17.200} \\ \textbf{—Form 228: } \textit{Settlement Agreement for a Dissolution of Marriage with Children}, \textbf{continued}$

		Third party's full nam	ne: first, middle,	, last				
		Present street addre	SS	City	,	State	ZIP code	
		County		_				
	(3)	•	ay child suppo	ort to Petitione	r in the amount of	\$	pe	r month.
	(4)	☐ Respondent shall p	pay child suppo	ort to a third pa	arty in the amount	of \$	pe	r month.
		Third party's full nan	ne: first, middle,	, last				
		Present street addre	SS	City	,	State	ZIP code	'
		County		_				
	(5)	Child support payment	ts shall begin	on the	day of		, 2	20
	. ,	for the following childre			Month			Year
		First, middle, & last initials of each child	Birth	year	First, middle, & initials of each		Birt	h year
		a.			d.			
		b.			e.			
		c.			f.			
	١	Check this box if you	u are attaching	a separate she	et listing additiona	ıl children.		
	(6)		want child sup t. <i>If you check</i>	oport to be hig (6), write the a	gher or lower that amount you want a	n the Child		
		b. Child support	should be diffe	erent from the	Guidelines amo	unt becaus	se:	
G.	Tax	exemption						
	(1)	I ask the court to set th	ne tax deducti	on as:		Check o	ne for eac	h child
		First, middle, & last initials of each child	Birth year	Parent who s child for tax (hould now claim deduction	Every Year	Even Years	Odd Years
		a.				0	0	0
		b.				0	0	0
		c.				O	O	O
	'							

 $Rule\ 17.200 — Form\ 228:\ \textit{Settlement Agreement for a Dissolution of Marriage with Children}, continued$

		d.							0	0	0
		e.							0	\overline{O}	\overline{O}
		f.							Ò	Ŏ	Ô
			Check this b	ox if you	u are attaching	g a separate sh	et listing additi	onal c	children.		
	Note: The parent with custody must sign IRS Form 8332 before the non-custodial parent can take the deduction. Tax forms are available from the IRS website: http://www.irs.gov . The earned income tax credit is not the same as the tax exemption.						uction.				
	(2)	The	e deduction v	will star	t in tax year ַ	Year					
Н.	Hea	alth	care exper	nses							
					health care	expenses a	s follows: CF	neck a	ıll that app	ply	
	Petitioner Respondent										
	(1) (\preceq	\sim				llth insurance).				•
	(2) Will pay the first \$ of uncovered medical expenses for the children. After that amount is spent, then uncovered medical expenses shall be paid										
		_	_		% by F	etitioner and	%	by R	esponde	nt.	
	(3) (\bigcirc	0	shall p	oay cash med	lical support i	n the amount o	of \$		per	month.
I.	Divi Chec		n of person ne	al pro	perty						
	(1) We have divided our personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.										
	(O) ($\overline{}$	If you check				h	4 11	مامندنام مط	ما مم فمالم	
	(2) (J			erty has hot t necessa		but we agree i	L WIII	be divide	d as folic	ows.
		a.	Petitioner w	vill get t	he following	as Petitioner's	separate pers	sonal	property	:	
		b.	Responden	it will ge	et the followir	ng as Respon	dent's separate	e pers	sonal pro	perty:	
			person's retire	ment ac	count or pension	, a separate orde	vorce Decree give or called a Qualifie	d Dom	estic Relati	ions Order	
			must be enter	eu. QDF	cos are complica	aled, you should:	ask an attorney fo	тер (wiiii a QDR	. Ο.	

 $Rule\ 17.200 — Form\ 228:\ \textit{Settlement Agreement for a Dissolution of Marriage with Children}, continued$

J.	Division of real estate For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.					
	(1)		nership of real estate ck one			
		a. (We do not own any real estate. If yo	u check a, skip to K.		
		b.	We own real estate located at:			
			Stree	t address		
			in the City of	, County of	, and	
			State of This follows:	s land is described in the dee	d or contract as	
	(2)		real estate shall be: ck one			
		а. (Sold and the profit or debt divided _	% to Petitioner and _	%	
		b. (to Respondent. Awarded to Petitioner, subject to all	liens and mortgages.		
		C. (Awarded to Respondent, subject to a	all liens and mortgages.		
		d. (Other Explain			
	(2)	0 -1 -1				
	(3)		litional real estate Chack this how if you are attacking sengrate	sheets for additional navaels of	'raal astata	
	☐ Check this box if you are attaching separate sheets for additional parcels of real estate. Note: Changing title to real estate is a complicated and important step in the divorce process. If you will be changing title to real estate, you should talk to an attorney.					
Κ.	Div	/isior	n of debts			
	Che	eck al	ll that apply			
	(1)	Q	There are no debts.			
	(2)	_	We have listed all the debts that we know Attach additional sheets if necessary.	w about and ask that they be	divided as follows:	
		a.	Petitioner will pay the following debts:			
			i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed	
			(a)		\$	

(b)

\$

Rule 17.200—Form 228: Settlement Agreement for a Dissolution of Marriage with Children, continued

(c)	\$
(d)	\$
(e)	\$

- ☐ Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.
- b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

- ☐ Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.
- c. For any debt we do not know about, the spouse who made the debt will pay that debt.

Note: You may want to close any credit cards and joint bank accounts in the names of both spouses. Closing accounts may limit the funds a former spouse has access to and may limit your liability for your former spouse's debts.

L. Cash payment

We ask that

Check one

((1)	\cap	Neither Petitioner	nor Respondent r	oav anv mone	to the other.

Month

(2) Petitioner pay Respondent \$ and debts by	to equalize the division of propert
Month	$-\frac{1}{Day}, 20\frac{1}{Year}.$
(3) Respondent pay Petitioner \$ and debts by	to equalize the division of propert
and dobto by	20

Continued on next page

 $\overline{D}ay$

Year

Rule 17.200 - Form 228: Settlement Agreement for a Dissolution of Marriage with Children, continued

M.	Spousal support (alimony) Check one We ask that:	
	(1) Neither Petitioner nor Respondent pay spor	usal support (alimony) to the other.
	(2) Petitioner pay spousal support (alimony) to	
	(3) Respondent pay spousal support (alimony)	to Petitioner as follows:
N.	Name change	
	Check one	
	We ask that	
	(1) Petitioner's name	
	a. O Not be changed.	
	b. O Be changed to:	Name can only be changed to name on birth certificate or name used immediately prior to the marriage.
	Print Petitioner's former or birth name	anneodately prior to the marriage.
	(2) Respondent's name	
	a. Not be changed.	
	b. Be changed to:	Name can only be changed to name on birth certificate or name used
	Print Respondent's former or birth name	immediately prior to the marriage.
_		
O.	Court fees Check one	
	We ask that	
	(1) Petitioner will pay all court fees.	
	(2) Respondent will pay all court fees.	
	(3) O Petitioner and Respondent shall each pay of	one-half of the remaining court fees
	(4) Petitioner and Respondent shall each pay of	
_		
P.	Attorney's fees (1) Potitionar's attorney's fees	
	(1) Petitioner's attorney's fees Check one	
	a. Petitioner has no attorney's fees.	
	b. Petitioner will pay Petitioner's attorney's	s fees.
	c. Respondent will pay \$	
	c. O respondent will pay w	ioi i outlone; o attorney o roos.

Rule 17.200—Form 228: Settlement Agreement for a Dissolution of Marriage with Children, continued

Attach additional sheets if necessary.

	(2)	Res Chec a. (b. (c. (ne Resp Resp	ondent w	as no atto	spondent	's attorney's fe	es. _ for Respondent's attorne	ey's fees.
Q.	We	wills	sign			deliver to	each othe	er any papers t	hat may be needed to carr	y out this
R.	Oth	her a	agr	eeme	nts					

Continued on next page

4.

Rule 17.200—Form 228: Settlement Agreement for a Dissolution of Marriage with Children, continued

3.		torney He	elp						
		Petitioner							
		(1) Ar	attorney	did not hel	p me prepare or	fill in this paper.			
		$\overline{}$			prepare or fill in				
					t fill in the follow				
		Name o	of attorney	or organiza	tion, if any	Attorney's P.I.N	I. # – Ask	the attori	пеу
		Busine	ss address	of attorney	or organization	City		State	ZIP code
		(<u>,</u>		_ (
	R	Responde	ey's phone	number	Attorney's fax	: number – optional	Attor	ney's ema	til address – optional
	υ.	$\dot{\sim}$		did not hel	n me nrenare or	fill in this paper.			
		\sim			prie prepare or prepare or fill ir				
					t fill in the follow				
		Name o	of attorney	or organiza	tion, if any	Attorney's P.I.N	<i>I.</i> # − Ask	the attori	ney
		Busine	ss address	of attornev	or organization	City		State	ZIP code
		()		()	,			
		Attorne	y 's phone	number	Attorney's fax	: number – optional	Attor	ney's ema	il address – optional
1	Ο,	aths and	Sianatu	roc					
ᅻ.			_		ses all issues in	our divorce. We	e have m	ade a ful	l disclosure of
	oui	r property a	nd debts t			court to approve			
	pai	rt of the fina							
	Α.	Petitioner's	s Oath an	d Signature	9				
		l,	ir in anna		, certify	under penalty of p	perjury an	ıd pursuar	nt to the
		•		va that I hav	e read this Settle	ment Agreement a	nd it accu	ratelv stat	es how I would
		like the cou	rt to addres	s the issues	s in my divorce. I	know I have the rig	ght to talk	to an atto	rney about this
					ng this Agreement and filing with the	. I am asking that court.	this Settle	ement Agr	eement be
				. <u>-</u>	, 20				
		Month		Day	Year	Petitioner's sign	iature*		
		Mailing add	dress		City			State	ZIP code
		(`						
		Phone num	ber		Email address		Additiona	ıl email ac	ldress – if available
			_		paper, you must han signing it and then f	dwrite your signatui ile electronically.	re on this f	form. If you	ı are filing
		Cecca Oille	, sour m	z joini ujioi s		l on next page			

Page 10 of 10

 ${\it Rule~17.200--Form~228:~Settlement~Agreement~for~a~Dissolution~of~Marriage~with~Children,} continued$

3.	Respondent's Oath	and Signa	ature					
	I, Print your name		,	certify	under penalty of	perjury an	d pursuar	nt to the
	laws of the State of low like the court to address Agreement. I am volu presented to a judge for	ss the issue ntarily sign	es in my divor iing this Agree	rce. I l ement.	know I have the r I am asking that	ight to talk	to an atto	rney about this
	Month	Day	, 20	_	Respondent's s	ignature*		
	Mailing address			City			State	ZIP code
	() Phone number		Email addre	ess.		Additiona	l email ac	ddress – if available
	* Whether filing electro electronically, scan th		1 1			ere on this f	form. If you	u are filing

December 2013

Rule 17.200—Form 229: Agreed Parenting Plan

 $Use \ this \ form \ if \ both \ spouses \ agree \ to \ everything \ in \ the \ plan \ regarding \ child \ custody \ and \ visitation.$

Do not use this form if you and your spouse **do not** agree to all child custody and visitation arrangements. Instead, use form 230 to present a Proposed Parenting Plan to the court for the child custody and visitation arrangements you want.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

ı	n the lowa District C		County where	you are filing this Pa		County
Upon	the Petition of		E	quity case no		
Petiti	Oner Full name: first, middle,	last		Agreed	Parenting F	Plan
and co	oncerning					
Resp	ondent Full name: first, mi	iddle, last				
	formation for the Co The parties agree to the Co Children List all children	his plan.	idonted by Pe	tiitoner and Respond	ent	
	First, middle, & last initials of each child	Present age	Gender M F	Scho		Grade
	(1)		0 C)		
	(2)		00)		
	(3)		00)		
	(4)		00)		
	(5)		00)		
	(6)		00)		
	Check this box if you	are attaching	a sheet listing	g additional children.		
C.	Information about the Check all that are true	children				
	(1) The children list	ed in B are t	he only child	lren born to or adop	ted by these p	oarents.
				ile court case. <i>If yo</i> child custody and visit		ach a copy of the

Continued on next page

Rule 17.200—Form 229: Agreed Parenting Plan, continued

- (3) There are children of Petitioner or Respondent not listed in B. Explain
 - If there are children born before the marriage, who are not the children of Petitioner or of Respondent, check (3) and explain.
 - If there are children of Petitioner and Respondent, but the parental rights have been terminated, check (3) and explain.

2. Plan

- A. Read these definitions of legal custody and physical care:
 - (1) Legal custody means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.

	religious instruction.
	(2) Joint legal custody means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
	(3) Physical care means providing the main home for the child and taking care of the child.
	(4) Joint physical care means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.
B.	Legal custody should be
	Check one
	(1) O Joint legal custody to both parents
	(2) O To Petitioner
	(3) O To Respondent
	(4) O To other person
	Full name of other person: first, middle, last
C.	Physical care should be
	Check one
	(1) \bigcirc To Petitioner If you check (1), use D for Respondent's visitation.
	(2) To Respondent If you check (2), use D for Petitioner's visitation.
	(3) O Joint physical care to both parents If you check (3), use D(12) to explain the joint physical care schedule.
	(4) O To other person
	Full name of other person: first, middle, last
D.	Visitation
	Use D only if one parent will have physical care. This is the schedule for the other parent to see the children.
	(1) Visitation for
	Check one
	a. Petitioner
	b. Respondent
	b. O Respondent

Rule 17.200-Form 229: Agreed Parenting Plan, continued

			on permission							
	с <i>п</i> а.	О	, b, <i>or</i> c. Visitation should no	t be allowed beca	use:					
	b.	0	Visitation should be	supervised becar	use:					
	C.		The supervisor for the superviso		Supervisor'	s full name: fir he parents aç		le, last		
		i. ii.	☐ Reasonable vi	sitation as the pare ation on these day V Th F		a.m. 		→	.m. .m.	
		iii.	Every weekend From	at	8	a.m. p.m. to	f week	at <i>Tir</i>	((ne	3a.m. p.m.
		iv.	Every other we From	at	me	a.m. p.m. to $Day o_{i}$	f week	at <i>Tir</i>	— ne	□ a.m. □ p.m.
		V.	Other Describe	,						
(3)	De		Visitation will start o	Month		Day,	20 Year	_		
(0)			edule tells on which hol		II be with eithe	r Petitioner or Re	spondent			
			ou do not have to fill in no already has the child		that is left blan	k means the chil $P = Petiti$			at day v e <i>spond</i>	
	Н	olida	у	Tin	ne	Every year P R	Even y	years R	Odd P	years R
	N	ew Y	ear's Eve	:	O a.m. O p.m.	00	0	0	0	0
	N	ew Y	ear's Day	:	O a.m. O p.m.	00	0	0	0	0
	N	lartin	Luther King, Jr. Day	:	O a.m. p.m.	00	0	O	0	\circ

Rule 17.200-Form 229: Agreed Parenting Plan, continued

President's Day	:	O a.m. p.m.	00	0	00
Memorial Day	:	a.m. p.m.	00	0	0
Independence Day July 4th	:	a.m. p.m.	00	0	0
Labor Day	:	O a.m. p.m.	0	0	0
Veterans' Day November 11th	:	O a.m. p.m.	0	0	0
Thanksgiving Day	:	O a.m. O p.m.	00	0	0
Christmas Eve	:	O a.m. O p.m.	0	0	0
Christmas Day	:	Q a.m. p.m.	0	0	0
Mother's Day	:	O a.m. p.m.	0	0	0
Father's Day	:	a.m. p.m.	0	0	0
Petitioner's Birthday	:	O a.m. p.m.	0	0	0
Respondent's Birthday	:	O a.m. p.m.	0	0	0
Halloween October 31st	:	a.m. p.m.	00	0	00
Other: Describe	:	O a.m. p.m.	00	00	00
Other: Describe	:	a.m. p.m.	00	0	00

(4) Special rules for holidays

-1		· · · · · · · · · · · · · · · · · · ·
Cł	neck o	ne
a.	0	If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
b.	0	If a holiday falls on a Monday or a Friday, the alternating weekend schedule in $D(2)c.iv.$ will continue. This means the parent who has the children on the holiday weekend may have the children two weekends in a row.
C.	0	The parents will cooperate and rearrange the alternate weekend schedule so that neither parent will have the children more weekends in a row without contact with the other parent.
d.	\bigcirc	

Continued on next page

Rule 17.200—Form 229: Agreed Parenting Plan, continued

(5) Summer	
Check one	
a. O Summer school vacation will be divided as Petitioner and Respondent agree.	
b. Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.	
c. The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.	
d. Other Explain	
(6) Winter school holiday	
Check one	
a. Winter school holidays will be divided as Petitioner and Respondent agree.	
 Detitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year. 	
c. Other Explain	
 (7) Spring school break Check one a. Spring school break will be divided as Petitioner and Respondent agree. 	
 Spring school break will be alternated every other year between Petitioner and Respondent. 	
c. Petitioner and Respondent will each have one-half of each spring school break.	
d. Other Explain	
(8) The children's birthdays	
Check one	
a. Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.	
 b. A child's birthday will be spent with the parent who has the child on that day. 	
c. Each child's birthday will be alternated from year to year between Petitioner and Respondent.	
 d. Petitioner and Respondent will each have no less than two hours of personal contact v the child on the child's birthday. 	/ith
e. Other Explain	

Rule 17.200—Form 229: Agreed Parenting Plan, continued

(9) Pick up and drop off
Check all that apply
a. O The parents will agree about pick up and drop off for each visit.
b. The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
c. Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following persons are permitted to help:
d. \bigcirc Other arrangements for visitation For example, Petitioner and Respondent will meet
at a location between their residences. Explain
(10) The parent without the children may contact the children by Check all that apply
a. Calling the children
Check one
i. At reasonable hours
Q a.m. Q a.m.
Phone number () Phone number where children can be contacted
b. Emailing the children at this address:
Email where children can be contacted
c. Other Explain
(11) Changes to the schedule
Check all that apply
 a. The parties may agree to additional visitation or changes to the schedule.
b. If one parent fails to arrive at the appointed time, then the other parent will wait for at least
minutes before cancelling the visit.
c. No changes allowed except by a court order.
d. Other Explain
Continued on next page

Rule 17.200-Form 229: Agreed Parenting Plan, continued

(12) Joint physical care plan

Use only if both Petitioner and Respondent are given joint physical care.

a. How Petitioner and Respondent will make decisions about the children: For example, decisions on school, medical care, religion, and other decisions parents make for their children. b. How the children's time will be divided between Petitioner and Respondent: You may use sections 3, 4, 5, 6, 7, and 8 for holidays, school breaks, and birthdays. c. How the children's expenses will be paid: For example, expenses such as clothes, activities, and school fees. ___ d. How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development): Other issues: (13) Resolving disagreements Check one Before going to court to resolve disagreements, Petitioner and Respondent will Ask the following person to help them resolve disagreements: Relationship to parties Phone number Name ZIP code Present street address City State Go to mediation. Do not check if mediation will not work because of domestic violence or an injunction. Continued on next page

3.

4.

Rule 17.200—Form 229: Agreed Parenting Plan, continued

A. Petitioner (1) An attorney did not help me prepare or fill in this paper. (2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # — Ask the attorney Business address of attorney or organization City State ZIP code Attorney's email address – optional B. Respondent (1) An attorney did not help me prepare or fill in this paper. (2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # — Ask the attorney Business address of attorney or organization City State ZIP code		orney Help					
(2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # - Ask the attorney Business address of attorney or organization Attorney's fax number - optional B. Respondent (1) An attorney did not help me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # - Ask the attorney Attorney's email address - optional Attorney's P.I.N. # - Ask the attorney Attorney's phone number Attorney's fax number - optional Attorney's email address - optional Oaths and Signatures This Agreed Parenting Plan addresses all custody and visitation issues in our divorce. We want the court to approve this Agreed Parenting Plan and make it a part of the final Decree. A. Petitioner's Oath and Signature I,							
(2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # - Ask the attorney Business address of attorney or organization Attorney's fax number - optional B. Respondent (1) An attorney did not help me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # - Ask the attorney Attorney's email address - optional Attorney's P.I.N. # - Ask the attorney Attorney's phone number Attorney's fax number - optional Attorney's email address - optional Oaths and Signatures This Agreed Parenting Plan addresses all custody and visitation issues in our divorce. We want the court to approve this Agreed Parenting Plan and make it a part of the final Decree. A. Petitioner's Oath and Signature I,		(1) An attor	ney did not help	me prepare o	r fill in this paper.		
If you check (2), you must fill in the following information: Name of attorney or organization, if any		\sim	-				
Business address of attorney or organization City State ZIP code (
Attorney's phone number Attorney's fax number - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional If you check (2), you must fill in the following information: Name of attorney or organization, if any		Name of attor	ney or organizat	ion, if any	Attorney's P.I.N.	#-Ask the attorn	ey
Attorney's phone number Attorney's fax number - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional Attorney's email address - optional If you check (2), you must fill in the following information: Name of attorney or organization, if any		Business add	ress of attorney o	r organization	City	State	ZIP code
B. Respondent (1) An attorney did not help me prepare or fill in this paper. (2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Business address of attorney or organization City State ZIP code (()			•		
B. Respondent (1) An attorney did not help me prepare or fill in this paper. (2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Business address of attorney or organization City State ZIP code (Attorney's ph	one number	Attorney's fo	x number – optional	Attorney's ema	il address – optional
(2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # - Ask the attorney Business address of attorney or organization City State ZIP code (B.	Respondent					
Name of attorney or organization, if any Business address of attorney or organization Attorney's P.I.N. # — Ask the attorney Business address of attorney or organization City State ZIP code ((1) O An attor	ney did not help	me prepare o	r fill in this paper.		
Business address of attorney or organization City State ZIP code ((2) O An attor If you ch	ney helped me eck (2), you must	prepare or fill i fill in the folloพ	n this paper. ving information:		
Attorney's phone number Attorney's fax number - optional Attorney's email address - optional Oaths and Signatures This Agreed Parenting Plan addresses all custody and visitation issues in our divorce. We want the court to approve this Agreed Parenting Plan and make it a part of the final Decree. A. Petitioner's Oath and Signature I,		Name of attor	ney or organizat	ion, if any	Attorney's P.I.N.	#-Ask the attorn	ey
Oaths and Signatures This Agreed Parenting Plan addresses all custody and visitation issues in our divorce. We want the court to approve this Agreed Parenting Plan and make it a part of the final Decree. A. Petitioner's Oath and Signature I,		Business add	ress of attorney o	r organization	City	State	ZIP code
Oaths and Signatures This Agreed Parenting Plan addresses all custody and visitation issues in our divorce. We want the court to approve this Agreed Parenting Plan and make it a part of the final Decree. A. Petitioner's Oath and Signature I,		()		()			
This Agreed Parenting Plan addresses all custody and visitation issues in our divorce. We want the court to approve this Agreed Parenting Plan and make it a part of the final Decree. A. Petitioner's Oath and Signature I,		Attorney's ph	one number	Attorney's fa	x number – optional	Attorney's ema	il address – optional
Print Petitioner's name laws of the State of lowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan.	This cou	Agreed Parentii rt to approve this	ng Plan address Agreed Parent	-			. We want the
laws of the State of Iowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan. Month Day Year Petitioner's signature*		I,		, certii	fy under penalty of pe	erjury and pursuan	t to the
court to adopt this Agreed Parenting Plan.							
					ed Parenting Plan, an	d I agree with the	Plan. I ask the
		Month	Day	, 20 <u> </u>	Petitioner's signa	ture*	
Mailing address City State ZIP code		1/10/11/1	Duy	1047	1 cittorier 3 signa	2137 C	
		Mailing address		City	,	State	ZIP code
(Phone number		mail address		dditional omail ad	dress _ if available
* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing			_				-
electronically, scan the form after signing it and then file electronically.						он низ зогт. 13 уой	u e jung
Continued on next page				<i>a</i> - ::	1		

B.

Rule 17.200-Form 229: Agreed Parenting Plan, continued

Respondent's Oath	and Signati	ure				
I, Print Respondent's	s name	, certi	ify under penalty	y of perjury ar	nd pursuar	nt to the
laws of the State of Ic court to adopt this Ag		•	ed Parenting Pl	an, and I agre	e with the	Plan. I ask the
		, 20				
Month	Day	, 20 <u></u>	Respondent	's signature*		
Mailing address		Cit	y		State	ZIP code
() Phone number	<i>I</i>	Email address			al email ac	ddress – if available
* Whether filing electro		1 , 2			form. If you	u are filing

Rule 17.200—Form 230: Proposed Parenting Plan

Use this form if you and your spouse do not agree to all child custody and visitation arrangements

Do not use this form if both spouses agree to everything in this plan. Instead, use form 229 to tell the court what you both want your plan to be.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

li	n the Iowa District C					County
		C	ounty wh	ere yoı	ı are filing this Parenting Plan	
Jpon	the Petition of			Equ	ity case no	
					Proposed Parentin	g Plan
etiti	Oner Full name: first, middle, i	last				
nd co	ncerning					
Respo	ondent Full name: first, mi	ddle, last				
am						
heck o	ne					
Α.	Petitioner					
B.	Respondent					
. Inf	formation for the Co	urt				
Α.	Children List all children	n born to or a	dopted by	Petiti	oner and Respondent.	
	First, middle, & last initials of each child	Present age	Gend M	ler F	School	Grade
	(1)		0	$\overline{0}$		
	(2)		0	0		
	(3)		0	0		
	(4)		0	0		
	(5)		0	0		
	(6)		0	0		
	☐ Check this box if you a	re attaching	a separat	e sheet	listing additional children.	
B.	Information about the	children				
	(1) The children liste	ed in A are tl	he only o	hildre	n born to or adopted by these	parents.
					court case. If you check (2), a ld custody and visitation.	ttach a copy of th
	(3) There are children	en of Petitior	ner or Re	spond	lent not listed in B. Explain	
	 If there are change and change are change are change. 			narria	ge, who are not the children of l	Petitioner or of
	певропает, ст	icon (5) una e	лриин			

• If there are children of Petitioner and Respondent, but the parental rights have been terminated, check (3) and explain.

C.	Special	concerns about the children
	Check al	l that are true
	(1)	Breastfeeding infant
	(2)	Child with a disability
	(3)	Other Explain
D.	Informa	ation about the parents
	Check al	l that are true
	(1)	Petitioner receives public assistance, Title XIX, or FIP.
	(2)	Respondent receives public assistance, Title XIX, or FIP.
	(3)	Petitioner plans to move within the next year.
	(4)	Respondent plans to move within the next year.
	(5) \bigcirc	This is the Parenting Plan for before the move.
	(6)	This is the Parenting Plan for after the move.
E.	Special	concerns about the parents
	Check al	l that are true
	(1)	Petitioner has an alcohol or drug problem.
	(2)	Respondent has an alcohol or drug problem.
	(3)	Petitioner does not have a driver's license.
	(4)	Respondent does not have a driver's license.
	(5)	Petitioner's home environment is not suitable. Explain in 11.
	(6)	Respondent's home environment is not suitable. Explain in 11.
	(7)	Petitioner is in jail or a mental health institution. Explain in 11.
	(8)	Respondent is in jail or a mental health institution. Explain in 11.
	(9)	Petitioner is protected under a Domestic Abuse Protective Order. Explain in 11.
	. ,	Respondent is protected under a Domestic Abuse Protective Order. Explain in 11.
	(11)	Explain:

2. Plan

- A. Read these definitions of legal custody and physical care:
 - (1) Legal custody means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
 - (2) Joint legal custody means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
 - (3) Physical care means providing the main home for the child and taking care of the child.
 - (4) **Joint physical care** means both parents have equal rights and responsibilities for providing

	the main home for the child and taking care of the child.
В.	Legal custody should be
	Check one
	(1) O Joint legal custody to both parents
	(2) To Petitioner
	(3) To Respondent
	(4) To other person
_	Full name of other person: first, middle, last
C.	Physical care should be
	Check one
	(1) To Petitioner If you check (1), use D for Respondent's visitation.
	(2) \bigcirc To Respondent If you check (2), use D for Petitioner's visitation.
	(3) O Joint physical care to both parents If you check (3), use D(12) to explain the joint physical care schedule.
	(4) O To other person
_	Full name of other person: first, middle, last
D.	Visitation
	Use D only if one parent will have physical care. This is the schedule for the other parent to see the children.
	(1) Visitation for
	Check one
	a. Petitioner
	b. Respondent
	(2) Visitation permission
	Check a, b, or c.
	a. Visitation should not be allowed because:
	b. Visitation should be supervised because:
	Dule 47 200 Farms 220 Farms 2 of 0

			The	superviso	for vis	itation s	hould be	Superviso	or'a full 1	ama, fiv	est mid	Ila last		
	c. (\supset	Red	gular unsu	pervis	ed visit	ation so	-				ue iasi		
		_		ll that appi		0 4 7 7 0 10		,,,oaa,o a	o tho po	101110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				Reasonab										
	'	ii.	Ш	Mid-week M Tu	visitatio	on on the Th	ese day: F	5:						
								From	a.m	. to	p.m			
	i	ii. (\bigcirc	Every wee	ekend			(a.m.				5] a.m.
				From Day	of wee	k	at <i>Tii</i>	me (p.m.	to <u> </u>	week	at	ime (p.m.
	i	iv. (\bigcirc											⊒ a.m.
				From $\frac{1}{Day}$	of wee	k	at <i>Ti</i> i	me	□ p.m.	to <u> </u>	week	at _ 	ime [□ p.m.
	١	٧.		Other De										
	\	vi.	Visi	tation will s	tart on	Month				Day,	20 <u> </u>			
(3)				liday sche										
				, , , , , , , , , , , , , , , , , , , ,										
			dule	tells on who	h holida									
	You d	do no	dule ot ha	•	h holiday erything	g. Any da			eans the c	hildren wi	ill spend	that day		
	You d	do no	dule ot ha	tells on who	h holiday erything	g. Any da	y that is I	eft blank me	eans the c	hildren wi $P = Petiti$	ill spend ioner	that day	Respond	lent
	You d	do no	dule of ha dy h	tells on who	h holiday erything	g. Any da		eft blank me	eans the c	hildren wi	ill spend ioner	that day	Respond	
	You o who a	do no alread iday	dule of ha dy h	tells on who	h holiday erything	g. Any da	y that is I	eft blank me	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	You de who a	iday	dule of had dy had dy had	tells on who	h holiday erything	g. Any da	y that is I	eft blank me	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev	iday w Ye	dule t ha dy h	tells on who ve to fill in e as the childr	h holiday verything en on th	g. Any da	y that is I	eft blank me	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev Mar	iday w Ye	dule t ha dy h	tells on who	h holiday verything en on th	g. Any da	y that is I	Q a.m. O p.m. O p.m. O a.m. O p.m. O a.m. O p.m.	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev Mar	iday w Ye	dule t ha dy h	tells on who ve to fill in ev as the childr EVE Day Day	h holiday verything en on th	g. Any da	y that is I	eft blank me a.m. p.m. p.m. p.m. a.m. p.m. p.m. a.m. p.m.	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev Nev Mar	do no dalread iiday w Ye w Ye rtin L side	dule ot ha dy h ear's cuth nt's	tells on who ve to fill in ev as the childr EVE Day Day	h holida; verything en on th	g. Any da	y that is I	Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q a.m. Q a.m. Q a.m. Q a.m. Q a.m.	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev Nev Mar Pre Inde	do no dalread iiday w Ye w Ye rtin L side	dule ot ha dy h car's car's Luth nt's al D	tells on who ve to fill in ev as the childr Eve Day er King, Jr. Day	h holida; verything en on th	g. Any da	y that is I	Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q p.m. Q a.m. Q p.m. Q a.m.	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev Mar Pre Inde	iday Ve Ve Ttin L side mori:	dule It had he It ha	tells on who ve to fill in ev as the childr Eve Day er King, Jr. Day	h holida; verything en on th	g. Any da	y that is I	eft blank me a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. a	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev Nev Mar Pre Inde Lab	do no	dule that dy h car's car's Luth nt's al D ay ay	tells on who ve to fill in evas the children is Eve Evas Day er King, Jr. Day lay	h holida; verything en on th	g. Any da	y that is I	eft blank me a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. a	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years
	Hol Nev Mar Pre Mer Lab	do no	dule ot ha dy h: / ear's ear's Luth nt's al D nder	tells on who ve to fill in evas the children in evas the children in Eve in Day Day Day Day Day Day Day Day	h holida; verything en on th	g. Any da	y that is I	eft blank me a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	eans the c	hildren wi $P = Petiti$ ry year	ill spend ioner Even	that day $R = R$ years	Respond Odd	lent years

(4)

(5)

Rule 17.200-Form 230: Proposed Parenting Plan, continued

Mother's Da	y	:	a.m. p.m.	O	\overline{O}	O	\overline{O}	0	\overline{O}
Father's Day	,	:	O a.m.	O	\overline{O}	0	\overline{O}	O	\overline{O}
Petitioner's E	3irthday	:	Q a.m. Q p.m.	O	\overline{O}	0	\overline{O}	\overline{O}	\overline{O}
Respondent	s Birthday	:	O a.m.	0	0	0	0	0	0
Halloween C	ctober 31st	:	O a.m. O p.m.	Ō	Ō	O	Ō	0	Ō
Other: Des	cribe	:	O a.m.	O	O	O	Ō	O	O
Other: Des	cribe	:	Q a.m. O p.m.	0	0	0	0	0	O
a. If a h who b. If a h cont	 whole weekend. b. If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 3.a.iii. will continue. c. If a holiday falls on a Monday or a Friday, the alternating weekend schedule in D(2)c.iv. will continue. This means the parent who has the children on the holiday weekend may have the children two weekends in a row. 								
b. Petit	nmer school vac tioner and Resp alternate weeke ent with physical	ondent will ead	ch have one er parent.	e-half of The chi	f the su Idren v	ummer will be i	schoo	l vacati	
visita unin	parent with physical care at least one week before school starts. The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.								

Continued on next page

Other Explain _____

(6)	Winter school holiday Check one
	Winter school holidays will be divided as Petitioner and Respondent agree.
	b. Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
	c. Other Explain
(7)	Spring school break
	Check one
	a. O Spring school break will be divided as Petitioner and Respondent agree.
	b. Spring school break will be alternated every other year between Petitioner and Respondent.
	c. Petitioner and Respondent will each have one-half of each spring school break.
	d. Other Explain
(8)	The children's birthdays
. ,	Check one
	a. O Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
	b. A child's birthday will be spent with the parent who has the child on that day.
	c. Each child's birthday will be alternated from year to year between Petitioner and Respondent.
	d. O Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
	e. Other Explain
(9)	Pick up and drop off
(0)	Check all that apply
	a. The parents will agree about pick up and drop off for each visit.
	b. The parent with visitation will pick up the children at the other parent's residence at
	the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
	c. Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children,
	only the following people are permitted to help:

Rule 17.200—Form 230: Proposed Parenting Plan, continued
d. Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): Explain
(10) The parent without the children may contact the children by Check all that apply a. Calling the children Check one i. At reasonable hours ii. Any day from O a.m. Phone number Phone number where children can be contacted
b. Emailing the children at this address:
Email where children can be contacted C. Other Explain
 (11) Changes to the schedule Check all that apply a. The parties may agree to additional visitation or changes to the schedule. b. If one parent fails to arrive at the appointed time, then the other parent will wait for at least minutes before cancelling the visit. c. No changes allowed except by a court order. d. Other Explain
 (12) Joint physical care plan Use only if both Petitioner and Respondent are given joint physical care. a. How Petitioner and Respondent will make decisions about the children: For example, decisions on school, medical care, religion, and other decisions parents make for their children.
b. How the children's time will be divided between Petitioner and Respondent: You may use sections 3, 4, 5, 6, 7, and 8 for holidays, school breaks, and birthdays.

	b.	Go to mediation. Do not check if media or an injunction.	•	of domest	ic violence
		Present street address	City	State	ZIP code
		Name	Relationship to parties	Phone n	umber
				(_)
	a.	Ask the following person to help them r	esolve disagreements:		
	Bet	fore going to court to resolve disagreemen	ts, Petitioner and Respo	ndent will	
	Che	eck one			
(13)	Re	solving disagreements			
	e.	Other issues:			
		children (including changes due to the ch	ildren's age and develop	ment):	
	d.	How Petitioner and Respondent will deal	with major changes or d	isagreem	ents about the
		una schoorjees.			
	C.	How the children's expenses will be paid: and school fees.		ich as clot	hes, activities,
	C	How the children's expenses will be paid:	For example expenses of	ich as clot	hos activities

Continued on next page

3.	Attori Check of	ney Help							
	_	An attorney	did not help	me prepare	or fill in	this paper.			
	B. O An attorney helped me prepare or fill in this paper.								
	Ŭ	If you check B		-	-	-			
		Name of attorn	ney or organiza	tion, if any	Attor	ney's P.I.N.	# -Ask t	he attori	пеу
		Business addre	ess of attorney o	or organizatio	on City			State	ZIP code
		()_	ne numher	_ (s far numb	er – ontional	Attorn	ov's oma	il address – optional
		Allorney's pho	ne number	Attorney	s jax numo	ет – ориона	Allorn	еу з ети	н ишигезз – орнонаг
4.		ication of S	-	_		-			Clina
		4 to be complete cument, if filed e			_				jung.
	Ι,	your name		, c	ertify that	on			, 20
		-						,	
		d or gave a cop y at this addre		osed Paren	ung Pian i	o the other	party or t	ne otne	r party's
	Name 0	f person to who	m I delivered o	r mailed it					
	Party's	or attorney's m	ailing address		City			State	ZIP code
5.	Oath	and Signatı	ure						
		oposed Parent approve this I							ce. I want the
	Ι,				certify und	er penalty o	f perjury	and pu	rsuant to the
		t your name							
		the State of Identification. I ask				-		agree v	vith the Plan and
	1.6			, 20	¥7	signature*			
	Month		Day	rear	1 OUF	signature "			
	Mailing	address			City			State	ZIP code
	()							
	Phone r	number		Email addres.	8	Ā	dditional	email ad	ldress – if available
		eer filing electroni he form after sign				signature on th	his form.	f you are	filing electronically,
Dec	ember 20	13		Rule 17	7.200—Form	230			Page 9 of 9

[Court Order December 19, 2013]

Forms 231 to 300: Reserved

Rules 17.201 to 17.299 Reserved.

Rule 17.300 Forms for modifying child support. The following forms are for use in actions to modify a current child support order from an Iowa court.

Form 301: Application to Modify Child Support

Form 302: Cover Sheet for an Application to Modify Child Support

Form 303: Confidential Information Form

Form 304: Original Notice for Personal Service

Form 304a: Original Notice for Personal Service

Form 305: Acceptance of Service

Form 306: Directions for Service of Original Notice

Forms 307 and 308: Reserved

Form 309: Application and Affidavit to Defer Payment of Costs

Form 310: Affidavit of Service of Original Notice and Application to Modify Child

Support

Form 311: Protected Information Disclosure

Forms 312 to 314: Reserved

Form 315: Answer to Application to Modify Child Support

Form 316: General Answer to Application to Modify Child Support

Forms 317 to 321: Reserved

Form 322: Motion in a Child Support Modification

Form 323: Response to a Motion in a Child Support Modification

Form 324: Child Support Modification Financial Statement

Form 325: Affidavit of Mailing Notice

Form 326: Notice of Intent to File Written Application for Default Decree

Form 327: Request for Relief in a Child Support Modification

Form 328: Settlement Agreement on an Application to Modify Child Support

Forms 329 to 400: Reserved

[Court Order December 19, 2013; March 6, 2014]

Rule 17.300—Form 301: Application to Modify Child Support

Read the Guide to Representing Yourself in a Child Support Modification Case in Iowa on the Iowa Judicial Branch website before using this form.

- You cannot use this form to change child custody, physical care, or visitation arrangements.
- You cannot use this form if there is no current lowa court order or decree setting child support.
- Use this form only if you want to increase, decrease, or stop child support.
- "Applicant" is the person who files the first paper (an Application) to start a case to modify (change) child support. Applicant could have been either Petitioner or Respondent in the original case.

If filing electronically,	you must provide	any protected is	nformation in fi	ull on form 3	311

If filing in paper, you may use form 311 to provide any protected information in full.

In the	e lowa District Court for		Count
		County of current chil	d support order
Upon	the Petition of	Equity case r	10
			(As stated in the current support order)
Petiti Full nam	Oner e of Petitioner as it is in the original case	Appl	ication to Modify Child Support
and co	oncerning		
	ondent		
1. Pe	e of Respondent as it is in the original case ersonal Information Fill in all info d fear for your safety, you may leave your Applicant's (the party seeking to	street address, phone numb	ber, and email blank.
1. Pe	e of Respondent as it is in the original case Prsonal Information Fill in all info d fear for your safety, you may leave your	street address, phone numb	ber, and email blank.
1. Pe	e of Respondent as it is in the original case ersonal Information Fill in all info d fear for your safety, you may leave your Applicant's (the party seeking to	street address, phone numb	per, and email blank. Information:
1. Pe	e of Respondent as it is in the original case ersonal Information Fill in all infection of the fear for your safety, you may leave your applicant's (the party seeking to Full name: first, middle, last	street address, phone number modify child support) ir	per, and email blank. Information: Birth year
1. Pe	e of Respondent as it is in the original case Personal Information Fill in all infection of fear for your safety, you may leave your Applicant's (the party seeking to Full name: first, middle, last Applicant's present street address	street address, phone numbers and support in the su	oer, and email blank. Information: Birth year State ZIP code
1. Pe	ersonal Information Fill in all infed fear for your safety, you may leave your Applicant's (the party seeking to Full name: first, middle, last Applicant's present street address County	street address, phone numbers and support in the su	oer, and email blank. Information: Birth year State ZIP code
1. Pe	ersonal Information Fill in all infed fear for your safety, you may leave your Applicant's (the party seeking to Full name: first, middle, last Applicant's present street address County Other parent's information:	street address, phone numbers and support in the su	over, and email blank. Information: Birth year State ZIP code Email address

February 2014 Rule 17.300—Form 301 Page 1 of 6

Ċ.	. Other person (non-parent) who rec	eives chiid	support Chec	k one	
	(1) There is no other person (n	on-parent) w	ho receives c	hild support in	this case.
	(2) There is another person (no	on-parent) w	ho receives cl	nild support in t	this case.
					d fill in below the
	Full name: first, middle, last			Bir	rth year
	Present street address	City		State	ZIP code
	County	()		Em ail a	dduaga
	Courty	<i>Рионе нитое</i>	er .	Етан ас	uress
Ge	eneral Information about this C	ase			
A.	. Current child support order				
	(1) Date the current child support orde	er was entere	ed: <i>Month</i>	Day	, 20 <u></u> Year
	(2) County and state where the order	was entered			
	(2) County and state where the order	was entered	County		State
	(3) Case number on the current child	support orde	r:		
	(4) Person who pays child support in t	his case:	0 1 1 1		
		Nai	me: jirsī, tasī		
	(5) Person who receives child support	in this case	Name: first. la:	st	
	(6) Ourset appoint of shild augment post				
	(6) Current amount of child support pa		k	Frequency	<u> </u>
В.	. Copy of current child support order	Check or	1e		
	· ·		attached.		
	(2) A copy of the current child sup	port order is	not attached.		
C.	. Child Support Recovery Unit (CSR	U) Chec	k one		
	(1) The Child Support Recovery U	Jnit (CSRU) i plicant on page	is involved in the six of this form.	his case. If CS	RU is involved in this
	(2) The Child Support Recovery U	Init (CSRU) i	s not involved	I in this case.	
D.	. Collection Services Center (CSC)	Check one			
	(1) The Collection Services Cente	r (CSC) is in	volved in this	case.	
	The CSC number is:				
	(2) The Collection Services Cente	r (CSC) is no	ot involved in	this case.	
	В	(1)	(1)	(1) There is no other person (non-parent) who receives of If someone other than a parent gets child support in this case, operson's name, year of birth, present residence, and contact information about this Case A. Current child support order (1) Date the current child support order was entered: (2) County and state where the order was entered: (3) Case number on the current child support order: (4) Person who pays child support in this case: (5) Person who receives child support in this case: (6) Current amount of child support order in this case: (7) A copy of the current child support order is attached. (8) A copy of the current child support order is not attached. (9) A copy of the current child support order is not attached. (1) A copy of the current child support order is not attached. (2) A copy of the current child support order is not attached. (3) Case number or the current child support order is not attached. (6) Current amount of child support order is not attached. (7) Child Support Recovery Unit (CSRU) is involved in the case, see the Important Notice to Applicant on page six of this form. (8) Collection Services Center (CSC) is involved in this The CSC number is:	(2)

E.	Other child support ord	ders Check on	e		
	(1) There are no oth	er child support	orders for the	e child or children involved	in this case.
	(2) There are other	child support ord	ers for the ch	nild or children involved in	this case.
	They are:				
	Case Number		Co	unty	State
	Case Number		Co	unty	State
	☐ Check thi orders.	is box if you are at	ttaching a sep	arate sheet listing additional	child support
F.	The following children	are covered by	the current	child support order:	
	First, middle, & last initials of each child	Birth year		First, middle, & last initials of each child	Birth year
	(1)			(4)	
	(2)			(5)	
	(3)		1	(6)	
	☐ Check this box if you h	ave attached a sep	ם parate sheet li.	sting additional children.	
_		_			
G.			•	cause Check all that a here the child or children	
	The person payir	ng support has c	ustody of the	e children.	
	If you check (1) , w	rite the county wh	ere the juveni	le court order was entered a	nd the case number.
	County			Case Number	
	•	he children live v	vith the pare	nt who is paying support.	
	There is no court	t order that sets o	up custody.		
	(3) ☐ One or more of t(4) ☐ My (Applicant's)			for child support.	
	(5) Respondent's (o	_		ne up.	
	(6) ☐ Other reason Ex	cplain			
	-				
Н.	Child support amount		Check all that		
	(2) Lowered Explain	ı			
	(3) Stopped Explain	!			

(1)	I.	Tax deduction for the children Check (1) or (2)	
If you check (2), check a or b: a.		(1) There is no court order at this time on tax deductions for the children.	
should stay the same. b. A court order currently says who gets the tax deduction for the child or children and it should be changed. Explain J. Health care expenses for the children Check (1) or (2) (1) There is no court order at this time on who pays health care expenses. (2) There is a court order at this time on who pays health care expenses. If you check (2), check a or b: a. A court order currently says who pays for health care expenses for the child or children and it should stay the same. b. A court order currently says who pays for health care expenses and it should be changed. Explain K. The other party is Check each that is true (1) In the military service (2) In prison or jail at Name of facility L. Protective or no contact order Check (1) or (2) (1) There is no "protective order" or "no-contact order" between any of the parties and me (Applicant). (2) There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County County State		—	
J. Health care expenses for the children Check (1) or (2) (1)			t
 Check (1) or (2) (1) ☐ There is no court order at this time on who pays health care expenses. (2) ☐ There is a court order at this time on who pays health care expenses. If you check (2), check a or b: a. ☐ A court order currently says who pays for health care expenses for the child or children and it should stay the same. b. ☐ A court order currently says who pays for health care expenses and it should be changed. Explain K. The other party is Check each that is true (1) ☐ In the military service (2) ☐ In prison or jail at Name of facility L. Protective or no contact order Check (1) or (2) (1) ☐ There is no "protective order" or "no-contact order" between any of the parties and me (Applicant). (2) ☐ There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County 			ţ
 Check (1) or (2) (1) ☐ There is no court order at this time on who pays health care expenses. (2) ☐ There is a court order at this time on who pays health care expenses. If you check (2), check a or b: a. ☐ A court order currently says who pays for health care expenses for the child or children and it should stay the same. b. ☐ A court order currently says who pays for health care expenses and it should be changed. Explain K. The other party is Check each that is true (1) ☐ In the military service (2) ☐ In prison or jail at			_
 Check (1) or (2) (1) ☐ There is no court order at this time on who pays health care expenses. (2) ☐ There is a court order at this time on who pays health care expenses. If you check (2), check a or b: a. ☐ A court order currently says who pays for health care expenses for the child or children and it should stay the same. b. ☐ A court order currently says who pays for health care expenses and it should be changed. Explain K. The other party is Check each that is true (1) ☐ In the military service (2) ☐ In prison or jail at Name of facility L. Protective or no contact order Check (1) or (2) (1) ☐ There is no "protective order" or "no-contact order" between any of the parties and me (Applicant). (2) ☐ There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County 			_
(2) There is a court order at this time on who pays health care expenses. If you check (2), check a or b: a. A court order currently says who pays for health care expenses for the child or children and it should stay the same. b. A court order currently says who pays for health care expenses and it should be changed. Explain K. The other party is Check each that is true (1) In the military service (2) In prison or jail at in Name of facility L. Protective or no contact order Check (1) or (2) (1) There is no "protective order" or "no-contact order" between any of the parties and me (Applicant). (2) There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County State	J.		
If you check (2), check a or b: a. A court order currently says who pays for health care expenses for the child or children and it should stay the same. b. A court order currently says who pays for health care expenses and it should be changed. Explain K. The other party is Check each that is true (1) In the military service (2) In prison or jail at Name of facility L. Protective or no contact order Check (1) or (2) (1) There is no "protective order" or "no-contact order" between any of the parties and me (Applicant). (2) There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County State		(1) There is no court order at this time on who pays health care expenses.	
children and it should stay the same. b. A court order currently says who pays for health care expenses and it should be changed. Explain K. The other party is Check each that is true (1) In the military service (2) In prison or jail at		• • • • • • • • • • • • • • • • • • • •	
K. The other party is Check each that is true (1)			
Check each that is true (1)			
Check each that is true (1)			-
Check each that is true (1)			_
Check each that is true (1)			_
(2)	K.	• •	
Name of facility L. Protective or no contact order Check (1) or (2) (1) There is no "protective order" or "no-contact order" between any of the parties and me (Applicant). (2) There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County State		\cdot	
 L. Protective or no contact order Check (1) or (2) (1) There is no "protective order" or "no-contact order" between any of the parties and me (Applicant). (2) There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County State 			
(Applicant). (2) ☐ There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County State	L.	Protective or no contact order	
(2) There is a "protective order" or "no-contact order." If you check (2), fill in the following information: a. County and state where the order came from: County State		(1) There is no "protective order" or "no-contact order" between any of the parties and me	
If you check (2), fill in the following information: a. County and state where the order came from: County State		(Applicant).	
County State			
b. Court case number:			_
		b. Court case number:	

Rule	17.30	00—Form	301: Application to Modify Child Support, continued
	M.	Other	information:
3.	-	-	's Request
	A.	Applica	ant asks the court to:
		Check a	all that apply. The court will only consider items that are checked.
		(1)	Raise the current child support payment.
		(2)	Lower the current child support payment.
		(3)	End the current child support payment.
		(4)	Set child support for the parent who does not have the children.
		(5)	Change who gets the tax deduction for the child or children.
		(6)	Change who pays for health care expenses for the child or children.
		(7)	Order that the other party pay the court fees.
		(8)	Order that the other party pay my attorney fees.
		(9)	Other request:

Continued on next page

4.	Attori Check of	ney Help					
	A. 🗆		did not help	me prepare o	fill in this pape	r.	
	В. 🗌	An attorney	helped me p	orepare or fill in the following in	n this paper.		
		Name of attorr	ney or organiza	ition, if any	Attorney's P.I.N	I. # - Ask the attor	ney
				or organization	City	State	ZIP code
		() Attorney's pho	ne number	() Attorney's fa	x number – optional	Attorney's emo	ail address – optional
5.	Check I	Applicant wi	oplicant is filin Il accept ser	g in paper, not el	ents at the attor	ney's address li	
_	-		•				
ь.	Oatn	and Signati	ure				
	I,			, have re	ad this Applicat	ion, and I certify	under penalty
		-				ne information I	
		Application is			e or lowa that ti	ie illioilliation i	nave provided
				20			
	Signed	on: Month	Day		Your signature*	k	
	Mailing	address		<i>C</i>	ity	State	ZIP code
	()					
	Phone r	number	Ema	il address	Ac	lditional email add	ress, if applicable
		er filing electroni he form after sign			ite your signature on	this form. If you are	filing electronically,
				Important N	otice to Applic	ant	
		•	See next	•	ections for filing		
		•			-	Original Notice	on the other
			parties.	'		-	
		•			covery Unit (CS) th forms on CSF	RU) is involved RU.	in this case,
		•	-			lf in a Child Sup	port

Modification Case in Iowa for information on serving papers.

Instructions for Rule 17.300-Form 301: Application to Modify Child Support, continued

Do not file these instructions

Instructions for Filing an Application to Modify Child Support

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically, even if your original case was in paper, unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Application electronically

- If you are filing your Application in a county that uses electronic filing, you must register to
 electronically file. For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented) for eFiling.</u>
- After you have registered, log in to the electronic filing system to electronically file your Application.
- For help electronically filing your Application, see <u>How to eFile a New Case</u>.
- With your Application, you must also file an Original Notice (304) and a Protected Information Disclosure (311).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling
 of your Application and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your filing. For help, see <u>How to Resubmit a Returned Filing</u>.
- Log in to your eFile account and download and print your Application and Original Notice so that you
 can serve it on (deliver it to) the other party.
- For help finding and downloading your Application and Original Notice, please see <u>My Filings</u>
 <u>Reference Guide</u>.

Filing your Application in paper

- If the county where you will be filing your Application does not yet accept electronic filing, you must
 proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless
 you have received permission from the court to file in paper.
- With your Application (301), you must also file an Application Cover Sheet (302), an Original Notice (304a), and a Confidential Information Form (303).
- Forms 301 and 304a: Make two photocopies if you can deliver copies of these forms to the other party
 in-person or by mail. Make three photocopies if you are going to ask the county sheriff or a civil
 process server to deliver these forms to the other party.

Note about making photocopies: You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.

- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you
 must also provide each form you file to the CSRU office that serves the county where your child
 support case is filed.
- Forms 302 and 303: You do not have to make photocopies of these forms.

Instructions for Rule 17.300-Form 301: Application to Modify Child Support, continued

- Take the original forms you filled in and the photocopies to the clerk of court office in your county.
 Tell the clerk at the counter you are filing an Application to Modify Child Support.
- Give the clerk at the counter these forms:
 - 301 Application to Modify Child Support
 - 302 Coversheet for an Application to Modify Child Support
 - 303 Confidential Information Form (Do not make copies of this form.)
 - 304a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 309.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees
 and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (304a). You will have to serve this form on (deliver it to) the other party.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

February 2014

Rule 17.300—Form 302: Cover Sheet for an Application to Modify Child Support.

Applicant uses this form for p	paper minig only, do not in	ic in electronic cases.		
For court use only Case nun	nber	County where case is file	ed	_
Applicant				
Applicant's first name	Middle name	Last name		-
Street address		City	State	ZIP code
() Phone number	Email address			
Case name				
Petitioner's first name	Middle name	Last name		-
VS.				
Respondent's first name	Middle name	Last name		_
Nature of the Case:	EQUITY—Domesti Modification—childi	c Relations en involved (CD-DC)	ı	
	252A—Support action 252A.18—Foreign supp 252B.11—Cost recover 252C—Administrative C 252D—Income withhold 252E—Medical support 252K—UFISA (DR-R1)	y (DR-D4) Order (DR-D5) Iing (DR-D6)		

Note to Applicant

- Applicant must complete this cover sheet if filing in paper and give it to the district court clerk when filing an Application to Modify Child Support.
- Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- For electronic filers: You do not have to file this form. This information is automatically generated when you submit your documents electronically.

Rule 17.300—Form 303: Confidential Information Form

This form is to be used by paper filers only.

Each party must complete one of these forms if filing in paper.

lowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

ln	the Iowa District Court for	County where Appli	cation is filed
Uŗ	oon the Petition of	Equity case	no
	etitioner I name of Petitioner as it is in the Application	Confid	lential Information Form
an	d concerning		
Re Full	espondent I name of Respondent as it is in the Application		
1.	Applicant's Information		
	Full name: First, Middle, Last	Birth date	Social Security number
2.	Other Party's Information		
	Full name: First, Middle, Last	Birth date	Social Security number
3.	Children's Information		
	A. Child 1:		
	Full name: First, Middle, Last	/ _ / _	Social Security number
	B. Child 2:	1 1	
	Full name: First, Middle, Last	Birth date	Social Security number
	C. Child 3:		
	Full name: First, Middle, Last	Birth date	Social Security number
	D. Child 4:	,	
	Full name: First, Middle, Last	/ / /	Social Security number

Rule	17.300—Form 303 Confidential Inform	nation Form, continue	:d			
	E. Child 5:					
			/	/	-	_
	Full name: First, Middle, Last		Birth date		Social Security n	number
	☐ Check this box if you have	attached a separ	ate sheet listing a	dditional child	dren.	
4.	Signature of Provider	of Information	on			
	The party or parties submit this info used to enforce any support order of provided for in section 598. If a par information with the clerk of court of	under the Code of lo	owa, chapters 234, 2 ployment changes, th	252A, 252C, 252	2F, 252H, 252K, or 6	00B, as
	Information provided by:					
	·	Print your full no	ame: first, middle,	last		
					, 20	
	Your signature	Λ	10nth	Day	Year	

Important Notice

Do not give copies of this form to anyone except the clerk of court.

Rule 17.300—Form 304: Original Notice for Personal Service

	Applicant must serve the	Application on the other	party within 90 da	ys after filing the Application.
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Failure to meet this deadline may result in the court dismissing the Application.

Read the Guide to Representing Yourself in a Child Support Modification Case in Iowa on the Iowa Judicial Branch website for additional important instructions.

- If filing electronically, Applicant must complete this form.
- If filing in paper, Applicant must use form 304a.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

n the Iowa District	Court for			County
		County where	Application is filed	
Jpon the Petition o	i		Original Notice for Personal Service	
Petitioner Full name of Petitioner as it is in t	ne Application	-	reisoliai Seivice	
and concerning				
Respondent Full name of Respondent as it is in	the Application	-		
Го:				
Petitioner or Respon	dent			
Other person receivi	ng child support in this cas	se, if any.		
	Recovery Unit is involved is ecovery Unit" on the secon			
A copy of the AApplicant is not		nild Support (f orney.	isking for a change in child orm 301) is attached to thi ion case:	
Applicant's name				
Mailing address	City	State	ZIP code	
() Phone number	Email address	· ·	-	

For party receiving this Original Notice: Important instructions on next page

February 2014 Rule 17.300—Form 304 Page 1 of 3*

*Upon electronic filing, a clerk's signature page will be attached to this document as page 3.

Rule 17.300—Form 304: Original Notice for Personal Service, continued

Instructions to Party Receiving the Original Notice

- A. You must file an Answer or a Motion with the clerk of court in the above county within 20 days after you receive this Original Notice. If you do not file an Answer or Motion within 20 days after receiving this Original Notice, the court may enter a judgment against you giving Applicant what he or she asked for in the Application.
- B. For help in this case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at http://www.iowacourts.gov/ and click on "Court Rules & Forms" or on "For the Public."
- C. If you received Application form 301, you may use Answer form 315.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at https://www.iowacourts.state.ia.us/Efile and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
 - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16
 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial
 Branch website.
 - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file in paper.
 Contact the clerk of court in the county where the Application was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Applicant. A Notice of Electronic Filing (NEF) will tell you if the court has excused Applicant from electronic filing. If the court has excused Applicant from electronic filing, you must mail a copy of your Answer or Motion to Appliant.

Important Notice

You should talk to an attorney at once to protect your interests.

Rule 17.300—Form 304a: Original Notice for Personal Service

Applicant must serve the Application on the other party within 90 days after filing the Application.
Failure to meet this deadline may result in the court dismissing the Application.
Read the Guide to Representing Yourself in a Child Support Modification Case in Iowa on the Iowa Judicial Branch website for additional important instructions.

 \blacksquare If filing electronically, Applicant must complete form 304.

In the Iowa District		~	Count
		County where	Application is filed
Upon the Petition o	f		Original Notice for Personal Service
Petitioner Full name of Petitioner as it is in t	he Application		i ersonal del vice
and concerning			
Respondent Full name of Respondent as it is in	n the Application		
Petitioner or Respon	ndent		
If the Child Support list "Child Support F	ng child support in this case, Recovery Unit is involved in t Recovery Unit" on the second party bringing this case) h	his case, line.	it asking for a change in child
If the Child Support list "Child Support F • Applicant (the part support. • A copy of the A • Applicant is not	Recovery Unit is involved in t Recovery Unit" on the second party bringing this case) h	his case, line. nas a lawsu d Support (f ney.	form 301) is attached to this Notice.
If the Child Support list "Child Support F • Applicant (the part support. • A copy of the A • Applicant is not	Recovery Unit is involved in to Recovery Unit is involved in to Recovery Unit" on the second party bringing this case) he application to Modify Child represented by an attori	his case, line. nas a lawsu d Support (f ney.	form 301) is attached to this Notice.
 If the Child Support list "Child Support F Applicant (the paper) A copy of the A Applicant is not Applicant's con 	Recovery Unit is involved in to Recovery Unit is involved in to Recovery Unit" on the second party bringing this case) he application to Modify Child represented by an attori	his case, line. nas a lawsu d Support (f ney.	form 301) is attached to this Notice.
If the Child Support list "Child Support Ist "Child Support Ist "Child Support Ist "Child Support Ist "Child Support." • A copy of the A • Applicant is not • Applicant's con	Recovery Unit is involved in to Recovery Unit" on the second party bringing this case) to application to Modify Child represented by an attoritact information during the	his case, line. nas a lawsu d Support (f ney. nis modificat	form 301) is attached to this Notice.

Rule 17.300-Form 304a: Original Notice for Personal Service, continued

Instructions to Party Receiving this Original Notice

- You must file an Answer or a Motion with the clerk of court in the above county within 20 days after you receive this Application. If you do not file an Answer or Motion within 20 days after receiving this Application, the court may enter a judgment against you giving Applicant what is asked for in the Application.
- If you received Application form 301, you may use Answer form 315.
- After you file your Answer or Motion, you must serve a copy of it on Applicant.

(SEAL)		
	Clerk of Court	
		County Courthouse
		, lowa
	City	ZIP code

Important Notice

You should talk to an attorney at once to protect your interests.

Rule 17.300—Form 305: Acceptance of Service

Applicant must complete this section:

In the lowa District Court for	County where Application is file	ed .	County
Upon the Petition of	Equity case no		
Petitioner Full name of Petitioner as it is in the Application	Acceptance	of Servi	ce
and concerning			
Respondent Full name of Respondent as it is in the Application			
Applicant must file this form with clerk of court so	on after the other party signs it.		
The other party receiving the Acceptance of Servi	ice must complete this section:		
Acceptance of Service, Oath, and Si If the other party completes this Acceptance of Servisigning it. Applicant will file it with the clerk of co	vice, he or she must return this form to	o Applicant .	soon after
If the other party completes this Acceptance of Servisigning it. Applicant will file it with the clerk of co	vice, he or she must return this form to		·
If the other party completes this Acceptance of Servisigning it. Applicant will file it with the clerk of cool. Print your name	wice, he or she must return this form to urt, am the other party in this ation for this case. I have read and pursuant to the laws of the	case. I re this Accep State of le	eceived a
If the other party completes this Acceptance of Servicesigning it. Applicant will file it with the clerk of considering it. Applicant will file it with the clerk of considering it. Applicant will file it with the clerk of considering it. Applicant will file it with the clerk of considering it. Applicant will file it with the clerk of considering it. Applicant will file it with the clerk of considering it. Applicant will file it with the clerk of considering it. Applicant will file it with the clerk of considering it.	wice, he or she must return this form to urt, am the other party in this ation for this case. I have read and pursuant to the laws of the	case. I re this Accep State of le	eceived a
If the other party completes this Acceptance of Servisigning it. Applicant will file it with the clerk of cool. Print your name	vice, he or she must return this form to urt, am the other party in this ation for this case. I have read and pursuant to the laws of the ance of Service is true and corr	case. I re this Accep State of le	eceived a

Important Notice

By signing this form, you are not agreeing to what Applicant wants. You are only agreeing that you received a copy of the Original Notice and Application.

Rule 17.300—Form 306: Directions for Service of Original Notice

Applicant must complete this form if the sheriff or a process server will deliver the Application and Original Notice to the other party.

Do not use this form if the other party has already received the Application and Original Notice.

Do not file this form with the clerk of court in paper or electronically.

Give this form to the sheriff or other process server with your Application (301) and Original Notice (304 if electronically filing or 304a if filing in paper).

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

ounty wh	ere Application is filed	Equity case number		
	e and Location of She one and fill in the blanks	riff or Other Process Serve	r	
A. [Sheriff In county where the	e other party will be served County		
	Street address	City	State	ZIP code
В. [Other process server			
	Name of other process serve	r serving the Notice		
	Street address	City	State	ZIP code
Pers	on to be Served			
Other	party's name	Phone number		
Addre.	ss where the other party can be	e served City	State	ZIP code
Pers	on Requesting Servic	e		
Your (Applicant's) name	Phone number		
Your (Applicant's) present mailing a	ddress City	State	ZIP code
. Spec	cial Instructions for Se	ervice Provide information that will	help the sheriff o	r process serve
		Continued on next page		·

Rule 17.300—Form 306: Directions for Service of Original Notice, continued

5.	Costs of Service Check one	
	A. Applicant will pay the costs of the Sheriff If you cannot afford the costs, file form 309.	or other process server.
	B. Costs for Sheriff deferred by court order:	Clerk of court: Sign only if costs deferred by court order
6.	Notification After completion of service, the sheriff or other procrequesting service.	cess server will notify the person
	Date signed: Month Day Year	Your signature

Rule 17.300—Form 309: Application and Affidavit to Defer Payment of Costs

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

Applicant uses this form only if Applicant cannot afford to pay the fees to file and serve the Application.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.

Costs and fees paid to someone other than the court or sheriff cannot be waived.

ın tı	he	Iowa District Court for	County nty where Application is filed		
Upo	on	the Petition of	Equity case no		
		Oner of Petitioner as it is in the Application	Application and Affidavit to Defer Payment of Costs		
and	СО	ncerning			
		ondent of Respondent as it is in the Application			
1.	Re	equest			
,	Α.	My name is			
١	B.	For my Application and Affidavit, I state the Check all that apply	at:		
		(1) I am unable to pay the filing fee or service costs or other court costs.			
		(2) \square I ask the court for permission to proceed	ed without prepayment of costs and fees.		
		(3) I am filing this Application and Affidavi	t in good faith.		
		(4) I believe I am entitled to what I am ask	ting for in this case.		
(C.	Household			
		There are $\underline{\hspace{1cm}}$ people living in my house $\underline{\hspace{1cm}}$	hold.		
ı	D.	My household income is \$ p	per month.		
		Put the total amount of all income and benefits before	ore deductions for all members of your household		
I	Ε.	My income comes from:			
		List the sources of your income. Examples: salary,	wages, or benefits such as unemployment, Title 19, FIP.		

Rule 17.300—Form 309: Application and Affidavit to Defer Payment of Costs, continued

F.	My household has th	e following monthly expenses:
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G.	I have \$	in cash, checking, and savings.

Continued on next page

2. Attorney Help

Rule 17.300—Form 309: Application and Affidavit to Defer Payment of Costs, continued

		Name of attor	ney or orga	mization, if an	y	Attorney's	P.I.N. #	– Ask the attori	ney
		Business addr	ess of attor	ney or organiz	zation	City		State	ZIP code
		()		()_			Attorney's ema	.:1
		ument, if filed our name		-			_	ed parties. Day	, 20
Nam		ddress:	om I delivere	ed or mailed ii	t				
Part Oat	ne of ty's o	person to who or attomey's m	nailing addr	ress	- City			State	ZIP code
<i>Part</i> Oa t	ne of ty's o	person to who or attomey's m and Signat Print your r.	nailing addr : ure name	ress , certify	- City			and pursuant	to the laws
Part Oat I, the prov	ne of ty's c th a	person to who or attomey's m and Signat Print your r.	nailing addr ture name at I have r	ress , certify read this App	City / under olication s true a	n and Affida nd correct.	avit and		to the laws
Part Oat I, the prov	ne of ty's c th a Stat vide	person to who or attorney's mand Signat Print your note of lower that do not this App	nailing addr ture name at I have r	ress , certify read this App nd Affidavit is	City / under olication s true a	n and Affida nd correct.	avit and	and pursuant	to the laws

Rule 17.300—Form 309

February 2014

[Court Order March 6, 2014]

Rule 17.300—Form 310: Affidavit of Service of Original Notice and Application to Modify Child Support

Applicant: Use this form only if someone other than Applicant (you), or a person who is not a sheriff or a process server, delivered a copy of the Application to the other party.

- The person, other than Applicant, who gave the Application and Original Notice to the other party, fills in this form.
- Applicant, or the person who gave the Application and Original Notice to the other party, must file this form with the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	In the Iowa Dist	rict Court for	County where Appl	lication is filed	County
Up	oon the Petition of		Equity ca	se no	
Pe	titioner Full name: first, mi	ddle, last		avit of Service of and Application	n to Modify
an	d concerning			Child Suppo	ort
Re	espondent Full name: fin	st, middle, last	_		
 1.	Affidavit				
	1		delivered a	copy of the Origin	al Notice and
	I,Name of person – Can	not be Applicant, sheriff,	or process server	oopy or the origina	ar rection area
	Application to Modify	Child Support for th	is case to:		Check one
					☐ a.m.
		on		. 20 at	□ p.m.
	Name of Other Parent	Mon	th Do	ay , 20 at Year	Time
	by handing the other p	party copies of the	attached papers.		
_	Ooth and Cinnetum				
2.	Oath and Signature To be completed by the per		lication to the other	nartv	
					والمستعدد المستعدد
	l, Print your name		, nave read ti	nis Amaavit of Ser	vice, and i certify
	•	mr and murauant to	the level of the C	tata af lawa that th	a information l
	under penalty of perju have provided in this A				ie information i
	•			ot.	
	Signed on: Month	, 20			
	Signed on: Month	Day Year	Your signature*		
	Mailing address		City	State	ZIP code
	() Phone number	Email address		Additional email ad	ldress – if applicable
	* If you are filing electronical	lly, scan the form after si	gning it and then file e	lectronically.	
		D. J.	. 47 200 Farm 240		Dama 4 -54
rep	ruary 2014	Rule	17.300—Form 310		Page 1 of 1

It is the responsibility of counsel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see Division VI of chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422.

Use this form to identify the full version of any protected information redacted in other documents you have filed.

■ If filing electronically:

- Applicant must complete this form (311) and file it with the Application (301) and Original Notice (304).
- The other party must complete this form if adding or correcting protected information.
- Paper filers also may use form 311 to assist in complying with Iowa Rule of Civil Procedure 1.422.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County
	County where Application is filed
Upon the Petition of	Equity case no
Petitioner Full name of Petitioner as it is in the Application	Protected Information Disclosure
and concerning	
Respondent Full name of Respondent as it is in the Application	

For electronic filers:

When protected information, as defined in Iowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in non-confidential documents, a party shall include the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to lowa Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

1. Petitioner

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

Middle

Name

First

Protected Information Type Complete Information Redacted Information (See Rules 16.602 and 16.604) (See Rule 16.605) A. Social security number XXX-XX-XXXX Last four digits only B. Financial account numbers Full account number Partial account number only C. Date of birth mm/dd/yyyy Year only D. Individual taxpayer identification numbers

Last

Last four digits only

XXX-XX-XXXX

E.	Personal identification numbers	Full number	Partial only
F.	Other unique identifying numbers	Full number	Partial only
G.			
	Additional protected information	Full information	Partial information
H.			
	Additional protected information	Full information	Partial information
I.			
	Additional protected information	Full information	Partial information
J.			
	Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Petitioner.

2. Respondent

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

Name			
	First	Middle	Last

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	 XXX-XX-XXXX	Last four digits only
B. Financial account numbers	Full account number	Partial account number only
C. Date of birth	/ / mm/dd/yyyy	Year only
D. Individual taxpayer identification numbers	XXX-XX-XXXX	Last four digits only
E. Personal identification numbers	Full number	Partial only
F. Other unique identifying numbers	Full number	Partial only
G.		
Additional protected information	Full information	Partial information
H.		
Additional protected information	Full information	Partial information
I.		
Additional protected information	Full information	Partial information
J.		
Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Respondent.

3. Other Parties

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

ne		
First	Middle	Last
Protected Information Type	Complete Information (See Rules 16.602 and 16.604	
A. Social security number	 XXX-XX-XXXX	Last four digits only
B. Financial account numbers	Full account number	Partial account number only
C. Date of birth	/ mm/dd/yyyy	Year only
D. Individual taxpayer identification numbers	 XXX-XX-XXXX	Last four digits only
E. Personal identification numbers	Full number	Partial only
F. Other unique identifying numbers	Full number	Partial only
G. Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
l. Additional protected information	Full information	Partial information
J. Additional protected information	Full information	Partial information

4. Children

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

A.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

Check this box if you are attaching a separate sheet listing additional information for other parties.

B.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

C.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ mm/dd/yyyy	Year only

D.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ mm/dd/yyyy	Year only

E.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)	
	(1) Child's full name	First, middle, last name	Child's initials	
	(2) Social security number	 XXX-XX-XXXX	Last four digits only	
	(3) Date of birth	mm/dd/yyyy	Year only	

Check this box if you are attaching a separate sheet listing additional children.

Continued on next page

5. Information provided by:

Mailing address

Date information provided

Handwritten signature of party or attorney if filing in paper	Electronic signature of party or attorney if filing electronically
Law firm, if applicable	

City

Phone number	
Email address	Additional email address, if applicable

State

ZIP code

 $\frac{}{Month}$, $\frac{}{Day}$, $\frac{20}{Year}$

The party served with an Application to Modify Child Support must file an Answer within 20 days after receiving the Application and Original Notice, or the court may enter a judgment against that party giving Applicant what he or she asked for in the Application.

Use this Answer form 315 if you received Application form 301, otherwise use form 316.

Read the Guide to Representing Yourself in a Child Support Modification Case in Iowa on the Iowa Judicial Branch website before using this form.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.
- If filing in paper, you may use form 311 to provide any protected information in full..

n the Iowa District (Court for		_ Count
		County where Application is filed	
Upon the Applicati	on of	Equity case no	
Petitioner Full name of Petitioner as it is in	the Application	Answer to Application to Mo Child Support	odify
and concerning			
Respondent			
Full name of Respondent as it is	in the Application		
Full name of Respondent as it is		formation that you know.	
Personal Informa A. Applicant's (the	tion Fill in all inf	formation that you know. o modify child support) information Check one on (form 301) is not correct, check (2) and fill in the bla	nks.
Personal Informa A. Applicant's (the	tion Fill in all inf party seeking to ph 1A of the Petitions s name, birth year	o modify child support) information Check one	
Personal Informa A. Applicant's (the If paragra (1) Applicant Applicant	tion Fill in all inf party seeking to the ph 1A of the Petitic s name, birth year in.	o modify child support) information Check one on (form 301) is not correct, check (2) and fill in the bla	ect in the
Personal Informa A. Applicant's (the If paragra (1) Applicant Applicant (2) Applicant Applicant Applicant Applicant	tion Fill in all inf party seeking to the ph 1A of the Petitic s name, birth year in.	o modify child support) information Check one on (form 301) is not correct, check (2) and fill in the black, present residence, and contact information are correct, present residence, and contact information are not contact.	ect in the
Personal Informa A. Applicant's (the If paragra (1) Applicant Applicant Application (2) Applicant Applicant Application	party seeking to party seeking to party seeking to party seeking to party seeking to party search. It is name, birth year on. sect information is:	o modify child support) information Check one on (form 301) is not correct, check (2) and fill in the black, present residence, and contact information are correct, present residence, and contact information are not contact.	ect in the
Personal Informa A. Applicant's (the If paragra (1) Applicant Application (2) Applicant Application The corres	party seeking to party seeking to party seeking to party seeking to party seeking to party search. It is name, birth year on. sect information is:	o modify child support) information Check one on (form 301) is not correct, check (2) and fill in the black, present residence, and contact information are correct, present residence, and contact information are not contact information.	ect in the

B.	Your (other parent's) information If paragraph 1B of the Petition			2) and fill in	the blanks.
	(1)	Your (other parent's) name, bi	rth year, pr	esent residence, and	contact info	rmation are correct
		in the Application.				
	(2)	Your name, birth year, present	t residence	e, and contact informa	tion are not	correct in the
		Application.				
		The correct information is:				
		Full name		_	Birth y	vear
		Present street address		City	State State	ZIP code
			(_)		
		County	Phone nu	ımber	Email ac	ldress
C.	Other	person (non-parent) who re	ceives ch	nild support Ch	ieck one	
	(1)	There is no non-parent who	gets child s	support in this case.		
	(2)	There is a non-parent who ge	ets child su	upport in this case.		
	Ify	ou check (2) check a or b.				
	a.	The information about the of Application.	other person	n who receives child su	apport is corr	ect in the
		• If you check a skip to 2.				
		• If paragraph 1C of the A	Application	(form 301) is not corr	ect, check b	and fill in the blanks.
	b.	The information about the c Application. The correct in			apport is not	correct in the
	\overline{Fu}	ll name: first, middle, last			Bir	th year
	Pre	esent street address	City		State	ZIP code
			(_)		
	Со	unty	Phone nu	ımber	Email ac	ldress
Ge	eneral	Information about this (Case			
Α.	Currer	nt child support order				
		graph 2A of the Application (form	1 301) is no	t correct, check b and	fill in the bla	nks.
	(1) Da	ite order entered Check one				
	a.	☐ The Application provides the	he correct	date of the child supp	ort order.	
	b.	☐ The Application does not p date is:	orovide the	correct date of the ch	ild support o	rder. The correct
		Month		, <u></u>		

2.

B.

(2)	Co	unty	and state where the order is entered Check one
	a.		The Application provides the correct county and state of the current child support order.
	b.		The Application does not provide the correct county and state of the current child support order. The correct county and state is:
		Cor	inty State
(3)	Ca	se n	umber of the current child support order Check one
(-)	a.		The Application provides the correct case number of the current child support order.
	b.		The Application does not provide the correct case number of the current child support order. The correct case number is:
			Case number
(4)	Pei	son	who pays child support Check one
	a.		The Application provides the correct name of the person who pays child support in this case.
	b.		The Application does not provide the correct name of the person who pays child support in this case. The correct name is:
			Name: first, last
(5)	Doi	eon	who receives child support Check one
(5)	a.	SOII	who receives child support Check one The Application provides the correct name of the person who receives child support in
	a.	Ш	this case.
	b.		The Application does not provide the correct name of the person who receives child support in this case. The correct name is:
			Name: first, last
(6)	Cu	rrent	amount of child support paid
()	a.		The Application provides the correct name of the person who receives child support in this case.
	b.		The Application does not provide the correct name of the person who receives child support in this case. The correct amount is:
			$$___$ per $___$. $Frequency$
Со	ру с	of cu	ırrent child support order Check one
(1)	_		opy of the current child support order was attached to the Application.
(2)		Αc	opy of the current child support order was not attached to the Application.

C.		Support Recovery Unit (Co The Child Support Recover The Child Support Recover	ry Unit (CSRU)		volved in this case.	
D.		ion Services Center (CSC	C) Check one	?		
	(2)	The CSC number is:		not in	volved in this case.	
E.	Other (1) (2) (2)	child support orders Ch There are no other child su There are other child support They are:				
		Case Number		Cou	nty	State
		Case Number		Cou	nty	State
		Check this box if you orders.	are attaching a	sepai	rate sheet listing additional	l child support
F.	Childre	n covered by current child	support order		Check one	
	(1)	The Application correctly id order.	entifies the chi	ldren	covered by the current of	child support
	(2)	The Application does not co support order. The following				
		First, middle, & last initials of each child	Birth year		First, middle, & last initials of each child	Birth year
		(a)			(d)	
		(b)			(e)	
		(c)			(f)	
		Check this box if you have	e attached a sen	arate	sheet listing additional chi	ldren

G.	. Amount of child support									
	(1) Juvenile court order If you check a, check i or ii									
	 a. It is correct that there is a juvenile court order that changed where the child or children were living. The person paying support has custody of the children. 									
			İ.	☐ The county and case number are correct in the Application.						
			ii.	☐ The county and case number are not correct in the Application.						
	If you check ii, provide the correct information below									
	The correct information is:									
				County Case number						
		b.		There is no juvenile court order that gives care of the child to the party paying support.						
	(2)	Wh	o chi	ildren live with Check a or b						
		a. b.		It is correct that one or more of the children now live with the person paying support. None of the children now live with the person who is ordered to pay support.						
	(3)	Qu	alify	ing for child support <i>Check</i> a <i>or</i> b						
		a.		It is correct that one or more of the children no longer qualify for child support.						
		There has been no change in the number of children who qualify for child support.								
	(4) Applicant's income Check a or b									
	(¬)	I agree that Applicant's income has gone down.								
	a.									
(5) My income Check a or b										
	` '	I agree that my income has gone up.								
a.										
	(6)	Му	res	oonse to Applicant's "other reason" for requesting a change in child support:						
		_								
		_								
		_								
Н.	Child support amount should be Check all that apply									
(1) Raised Explain										
(2) Lowered Explain										
	(3) Stopped Explain									
	(4)			t be changed Explain						
	(4) In Not be offatiged Explain									

I.	Tax deduction for the children $Check(1) or(2)$								
	(1) There is no court order at this time on tax deductions for the children.								
	(2) ☐ There is a court order at this time on tax deductions. If you check (2), check a or b:								
	a.	 A court order currently says who gets the tax deduction for the child or children should stay the same. 							
	b.	☐ A court order currently says who gets the tax deduction for the child or children and should be changed. <i>Explain</i>	deduction for the child or children and it						
J.	Health care expenses for the children $Check(1) or(2)$								
	(1)	There is no court order at this time on who pays health care expenses.							
	(2) There is a court order at this time on who pays health care expenses. If you check (2), check a or b:								
		 A court order currently says who pays for health care expenses for the child or children and it should stay the same. 	penses for the child or						
		b. A court order currently says who pays for health care expenses and it should be changed. Explain							
K.	I (the o	ther party) am Check each that is true							
	•	In the military service							
	(2)	In prison or jail at in Name of facility State							
L.	. Protective or no contact order Check (1) or (2)								
	(1) There is neither a "protective order" nor a "no contact order" between me and Applicant.								
	(2)	There is a "protective order" or "no contact order" between me and Applicant. If you check (2), fill in the following information:							
		a. County and state where the order came from:							
		County State							
		b. Court case number:							

3. I (the other parent) deny anything in the Application that I have not agreed is correct.

4. My (the other parent's) Request

I ask the court to:
Check all that apply. The court will only consider items that are checked.
(1) Dismiss the Application to Modify Child Support and leave child support as is.
(2) Raise the current child support payment.
(2) Lower the current child support payment.
(3) Stop payment of child support completely.
(4) Set child support for the parent who does not have the children.
(5) Change who gets the tax deduction for the child or children.
(6) Change who pays for health care expenses for the child or children.
(7) Order that Applicant pay the court fees.
(8) Order that Applicant pay my attorney fees.
(9) ☐ Other request:

Continued on next page

5.	Attorney Help Check one										
	A. An attorney did not help me prepare or fill in this paper.										
	B. An attorney helped me prepare or fill in this paper.										
		If you check E	3, you must fill	in the follow	ing inf	ormation:					
		Name of attorney or organization, if any Business address of attorney or organization				Attorney's P.I.N. $\#$ – Ask the attorney					
						City		State	ZIP code		
		Attorney's ph	one number	(Attorne) _ y 's fax	number – optional	Attor	ney 's ema	iil address – optional		
6	Corvi	oo Inctruct	ione for Eil	ling in Da	nor						
ο.	Service Instructions for Filing in Paper Check A or B only if you are filing in paper, not electronically										
	A. I will accept service of documents at the attorney's address listed above; or										
	B. I will accept service of documents in this case at the mailing address below.										
7.						livery for Filin					
	Section This do	Section 7 to be completed only if filing in paper or if Applicant is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.									
			-		-	_	_		20		
	\overline{Print}	your name		,	Certi	fy that on $\underline{\hspace{1cm}}_{Month}$		\overline{Day}	, 20 <u> </u>		
	I mailed or gave a copy of this Answer to Applicant or Applicant's attorney at this address:										
	Name o	f person to who	om I delivered o	or mailed it							
	Party's or attorney's mailing address							State	ZIP code		
8.	Oath and Signature										
		_			have	read this Answ	er. and	l certify	under penalty		
	Print	your name		,			,		,		
	of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Answer is true and correct.										
	in this	Answer is tr									
	Cianad	our Month		20	Vous	signature*					
	signea	on: Month	Day	rear	Tour	signature					
	Mailing	g address			City			State	ZIP code		
	(.1 11			1 1	.1 11			
	Phone number Email address * Whether filing electronically or in paper, you must he								ress – if available		
		her filing electror the form after sig				e your signature on th	us form.	If you are	filing electronically,		
			_ "		-						
				Continue	ed on	next page					
						-					

Important Notice

- See next page for instructions for filing an Answer.
- You must serve this Answer on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you must also serve the Answer on CSRU.
- See the Guide to Representing Yourself in a Child Support Modification Case in Iowa for information on serving papers.

Instructions for Rule 17.300-Form 315: Answer to Application to Modify Child Support

Do not file these instructions

Instructions for Filing an Answer to an Application to Modify Child Support

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

☐ Filing your Answer electronically

- If the Application was filed in a county that uses electronic filing, you must register to electronically
 file. For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented)</u>
 for eFiling on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you
 when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer.
 The login page can be accessed from two different paths: you may <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of
 your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My
 Filings, correct the error, and resubmit your Answer. For help, see <u>How to Resubmit a Returned Filing</u>.
- The NEF will indicate if your Applicant is exempt from electronic filing requirements, in which case, you
 must mail or serve in paper a copy of the document on Applicant if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you
 must also provide each form you file to the CSRU office that serves the county where your child
 support case is filed.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Application was filed. The county is listed at the top of the Application (form 301).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on Applicant.
- You can hand one of the copies of the Answer form to Applicant, or mail a copy to Applicant spouse
 at the address shown on the Application.
- If Applicant has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Application if box 5A on the Application is checked.

Do not file these instructions

February 2014

Instructions for Rule 17.300-Form 315

Page 1 of 1

Rule 17.300—Form 316: General Answer to Application to Modify Child Support

The party served with an Application to Modify Child Support must file an Answer within **20 days** after receiving the Application and Original Notice, or the **court may enter a judgment against that party** giving Applicant what he or she asked for in the Application.

If the Application you received is on form 301, use form 315 for your Answer.

Read the Guide to Representing Yourself in a Child Support Modification Case in Iowa on the Iowa Judicial Branch website before using this form.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311).
- If filing in paper, you may use form 311 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	e lowa District Court for	County where Application is filed
Upoi	n the Petition of	Equity case no
	ioner ne of Petitioner as it is in the Application	General Answer to Application to Modify Child Support
and c	oncerning	
	pondent ne of Respondent as it is in the Application	
1. A	nswer	
A	. I admit that the following paragraphs in List the numbers of the paragraphs in the Appli paragraphs you list here are not true, it may be	cation that you think are true. If you decide later that the
В	. I deny that the following paragraphs in List the numbers of the paragraphs in the Applicati	• •

Rule 17.300—Form 316: General Answer to Application to Modify Child Support, continued

	D. I deny anything in the Application that is not admitted in this Answer.	
	E. Other information:	
2.	Request If you do not know what you want, talk to an attorney.	
	l ask the court to: Write here what you would like the court to do. For example, tell the court if you wan the amount of child support you pay or receive to stay the same. Be brief. Do not write long descriptions.	t
3.	Attorney Help Check one A. An attorney did not help me prepare or fill in this paper.	
	B. An attorney helped me prepare or fill in this paper.	
	If you check B, you must fill in the following information:	
	Name of attorney or organization, if any $Attorney$ is P.I.N. # $-Ask$ the attorney	
	Business address of attorney or organization City State ZIP code	
	(
		ional
4.	Service Instructions	
	If the party answering the Application is filing in paper Check one A. will accept service of documents at the attorney's address listed above; or	
	_ _ ·	
	B.	

Continued on next page

Rule 17.300—Form 316: General Answer to Application to Modify Child Support, continued

l,		_, certify that on <i>Month</i>		, 20
Print your name		Month	Day	Year
I mailed or gave a copy	of this Answer to	o Applicant or Applicant's	attorney at t	his address:
Name of person to whom I d	lelivered or mailed i	.		
Party's or attorney's mailing	g address	City	State	ZIP code
Oath and Signature				
l,		_, have read this Answer,	and I certify	under pena
I,				
l, Print your name	to the laws of th	_, have read this Answer, e State of lowa that the in		
I, Print your name of perjury and pursuant in this Answer is true an	to the laws of th	e State of lowa that the in		
I, Print your name of perjury and pursuant in this Answer is true an	to the laws of th			
I, Print your name of perjury and pursuant in this Answer is true an	to the laws of th	e State of lowa that the in		
I, Print your name of perjury and pursuant in this Answer is true an Signed on: Month	to the laws of th	e State of lowa that the in Your signature*	formation I h	ave provide

Important Notice

- See next page for instructions for filing an Answer.
- · You must serve this Answer on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you
 must also serve the Answer on CSRU.
- See the Guide to Representing Yourself in a Child Support Modification Case in Iowa for information on serving papers.

Rule 17.300—Form 316: General Answer to Application to Modify Child Support

Do not file these instructions

Instructions for Filing an Answer to an Application to Modify Child Support

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, check the map available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, you must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

■ Filing your Answer electronically

- If the Application was filed in a county that uses electronic filing, you must register to electronically
 file. For help with registration, see the eFiler's User Guide <u>How to Register Pro Se (Self Represented)</u>
 for eFiling on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you
 when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer.
 The login page can be accessed from two different paths: you may <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of
 your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see <u>How to Resubmit a Returned Filing</u>.
- The NEF will indicate if your Applicant is exempt from electronic filing requirements, in which case, you
 must mail or serve in paper a copy of the document on Applicant if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you
 must also provide each form you file to the CSRU office that serves the county where your child
 support case is filed.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where
 the Application was filed. The county is listed at the top of the Application (form 301).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on Applicant.
- You can hand one of the copies of the Answer form to Applicant, **or** mail a copy to Applicant spouse at the address shown on the Application.
- If Applicant has an attorney, you should serve the Answer by mailing a copy to the attorney at the
 attorney's address.

Do not file these instructions

February 2014

Instructions for Rule 17.300—Form 316

Page 1 of 1

[Court Order June 17, 2008; March 6, 2014]

Forms 317 to 321: Reserved

Rule 17.300—Form 322: Motion in a Child Support Modification

Use this form if you want to ask the court to do something after your court case has already started. If you do not understand how to use this form, or if you should use this form, talk to an attorney. In the Iowa District Court for _____ County County where the Application is filed Upon the Petition of Equity case no. __ **Motion in a Child Support** Petitioner Modification Full name of Petitioner as it is in the Application and concerning Respondent Full name of Respondent as it is in the Application l am Check each that applies A. Detitioner B. Respondent C. Applicant 1. Request A. I ask the court to Check all that apply. If you check any box in A, you must tell the court why you are making this request in B. (1) Change the hearing date that has been set for Month (2) Set a hearing date for modification of child support. (3) Other request Explain ___ B. I am making the request(s) in this Motion because: _____

Continued on next page

Rule 17.300—Form 322: Motion in a Child Support Modification, continued

2.	Attorney Help		
	Check one		
	A. An attorney did not help me prep		
	B. An attorney helped me prepare of		
	If you check B, you must fill in the follo	wing information:	
	Name of attorney or organization, if an	Attornev's P I N	# – Ask the attorney
	Traine of attorney or organization, if an	y 1110/110y 51 .1.11.	" 11st the autorney
	Business address of attorney or organiz	zation City	State ZIP code
		\	
	Attorney's phone number Attorn	ney's fax number – optional	Attorney's email address – optio
_			
3.	Certification of Service by Mailing Section 3 to be completed only if filing in paper		than nautu is anament from alastropi
	filing.	or ij ine Applicani or ine ol	ner party is exempt from electronic
	This document, if filed electronically, will autom	natically be served on regis	tered parties.
	I,	, certify that on	, 20
	l, Print your name	Month.	Day Year
	Party's or attorney's mailing address		State ZIP code
4	Oath and Signature		
╼.	_		-£
	I,	_, certify under penalty	or perjury and pursuant to the
	laws of the State of lowa that I have read	this Motion and that the	information I have provided i
	this Motion is true and correct.		·
	Signed on: Month Day, 20 Year	Your signature*	
	24, 104	10th Signature	
	Mailing address	- City	State ZIP code
		- 1.7	
	Phone number Email address	1.4	ditional email address – if available
	1 none number Email address	Au	uttonat emati aaaress – ij avaliable
	* Whether filing electronically or in paper, you must		his form. If you are filing electronical
	scan the form after signing it and then file electron	ically.	

Rule 17.300—Form 323: Response to a Motion in a Child Support Modification

Use this form if your spouse has filed a Motion (most likely form 322) and you disagree with what your spouse is asking the court to do in that Motion.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	unty where the Application is filed
Upon the Petition of	Equity case no
Petitioner Full name of Petitioner as it is in the Application	Response to a Motion in a Child Support Modification
and concerning	
Respondent Full name of Respondent as it is in the Application	
l am Check each that applies	
A. Detitioner	
B. Respondent	
C. Applicant	
1. Motion	
The other party filed a Motion on	, 20 Day Year
2. Response Check A or B.	
A. I agree with the Motion.	
B.	Motion because: Explain
Continued	on next page

Rule 17.300—Form 323: Response to a Motion in a Child Support Modification, continued

	An attorney An attorney If you check B	helped me	prepare o		aper.								
	An attorney If you check B Name of attorn	helped me	prepare o	r fill in this paper.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		ney or organi	zation, if any			An attorney helped me prepare or fill in this paper. If you check B, you must fill in the following information:							
	Business addr			Attorney's P.I.	N. # - Ask	the attorney	y						
		ess of attorne	y or organiz	ation City		State	ZIP code						
	() _ Attorney's pho	one number	(ey's fax number – opti	onal Atto	rney's ema	til address – option						
ection iling.	4 to be complet	ted only if filir	ng in paper o	or if Applicant or the o			om electronic						
				-	_		20						
Print	vour name			, certify that on $\underline{}$	onth		, 20						
arty's	or attorney's m	ailing addres	:S	City		State	ZIP code						
Dath a	and Signat	ure											
,				, certify under per	alty of perj	ury and p	oursuant to the						
n this I	Response is t	true and cor	rect.	·	that the in	formation	I have provide						
igned o	n: Month	Day	Year	Your signature*									
1ailing	address			City		State	ZIP code						
hone n) umber	Em	nail address		Additional	email addi	ress – if available						
	υ υ				e on this form	. If you are	filing electronically						
	Printy mailed ther p Tame of arty's of a this figned of this filter p Tame of the the this filter p Tame of the this filter p	ection 4 to be completeding. This document, if filed Print your name mailed or gave a control of the party's attorned arty's or attorney's management of the State of the Stat	ection 4 to be completed only if filtifications. This document, if filed electronically are mailed or gave a copy of this other party's attorney at the action of person to whom I delivered arty's or attorney's mailing address. Dath and Signature aws of the State of lowa that I I in this Response is true and continued in the party's mailing address. Thone number Entrone when I in the party is a party in party i	dection 4 to be completed only if filing in paper of ling. This document, if filed electronically, will automorphis document, if filed electronically or in paper, you must if the filing electronically or in paper.	This document, if filed electronically, will automatically be served on a print your name and a copy of this Response to Applicant or the other party's attorney at the address below: Tame of person to whom I delivered or mailed it Tarty's or attorney's mailing address City Dath and Signature This Response is true and correct. This Response is true and correct. The party is a certify under pendant in this Response is true and correct. The party is a certify under pendant in this Response is true and correct. The party is a certify under pendant in this Response is true and correct. The party is a certify under pendant in this Response is true and correct. The party is a certify under pendant in this Response is true and correct. The party is a certify under pendant in this Response is true and correct. The party is a certify that on and in the party is a certify that on a certification and the certi	ection 4 to be completed only if filing in paper or if Applicant or the other party is ling. This document, if filed electronically, will automatically be served on registered party is ling. Print your name mailed or gave a copy of this Response to Applicant or the other party at the party's attorney at the address below: Tame of person to whom I delivered or mailed it Party's or attorney's mailing address City Dath and Signature	ection 4 to be completed only if filing in paper or if Applicant or the other party is exempt friling. This document, if filed electronically, will automatically be served on registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The party your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The print your name registered parties. The party is document, if filed electronically or in paper, you must handwrite your signature on this form. If you are						

Caution: This form may require you to provide protected or sensitive information. Each party must complete one of these forms. If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so. If filing in paper, you may use form 311 to provide any protected information in full if you have not already done so. If you do not understand how to use this form, or if you should use this form, talk to an attorney. In the Iowa District Court for _ County County where the Application is filed **Upon the Petition of** Equity case no. _ Child Support **Petitioner Modification Financial** Full name of Petitioner as it is in the Application Statement and concerning Respondent Full name of Respondent as it is in the Application I am Check each that applies A.

Petitioner B. Respondent C. Applicant , state that this is a true and complete statement 1. My Income *How often is income paid? $W = Weekly \quad B = Bi$ -weekly (every other week) $M = Monthly \quad T = Two times a month$

A. Current income from employment	Gross Ir	ncome	Net In	come
and other sources Sources of income, not required to list name of employer	How often?* W,B,M,T	Gross amount Before taxes	How often?* W,B,M,T	Net Amount After taxes
(1) Wages from employer				
Job:		\$		\$
Title:				
(2) Wages from employer				
Job:		\$		\$
Title:				
(3) Other income		\$		\$
Describe source:		Ψ.		Φ

Rule 17.300—Form 324: Child Support Modification Financial Statement, continued

(4) Other income Describe source:		\$	\$
(5) Other income Describe source:		\$	\$
Total gross and net income from employment and other sources		\$ Gross income total	\$ Net income total
B. Deductions allowed for child support calculations			
Tax status	Yes	No	
I am currently married to the other parent <i>Check Yes or No</i>			
I have custody of the children in this case <i>Check Yes or No</i>			
(1) Number of exemptions			
Yourself Guidelines allow one exemption for parent	1		
Children			
(2) Income tax withheld Federal			\$
State			\$
(3) FICA Social Security & Medicare			\$
(4) Mandatory pension contribution			\$
(5) Mandatory occupational license fees			\$
(6) Union dues			\$
(7) Prior court-ordered child support Paid to:			\$
Paid to:			\$
Paid to:			\$
(8) Prior court-ordered medical support Paid to:			\$
Paid to:			\$
Paid to:			\$

	(9) Prior co (alimon Paid to:	ourt-ordered spousal supp y)	ort				\$	
		child care expenses due yment custodial parent only					\$	
	Total deduc	ctions					\$	
	Check	this box if you have attached	a sheet with add	litional info	rmation on your in	come and deduc	ctions.	
2.	Social Se	curity Disability (SSD):					
	A. SSD be	enefits paid to you						
	(1) Am	ount paid for your expe	nses		\$		per	month
	(2) Ber	nefit paid for each child	in your home		\$		per	month
	a.	Number of children red	eiving benefit	s	c	hildren		
	b.	List the children in you	r home who re	eceive SS	SD benefits Use	e initials only		
		First, middle, & last initials of each child	Birth year		First, middle, 8 initials of each		th year	
		i.			iv.			
		ii.			V.			
		iii.			vi.			
		Check this box if you and receive Social S			sting additional c	hildren who li	ive in youi	r home
	B. Benefit	s paid to other perso	n children ar	e living v	vith			
	(1) Ber	nefit paid for each child	in other perso	n's home	\$		per r	nonth
	(2) Nur	mber of children receivi	ng benefits		c	hildren		
		the children who receinitials only:	ve SSD benef	its but live	e with someone	other than y	ou.	
		First, middle, & last initials of each child	Birth year		First, middle, 8 initials of each		th year	
		i.			iv.			
		ii.			V.			
		iii.			vi.			
		Check this box if you home and receive So				hildren who d	lo not live	in you
					. , -			

3. Qualified additional dependent deduction

- List the initials and birth year of each child you are the legal parent of.
- Do not include any children covered by the child support order involved in this case.

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(1)		(4)	
(2)		(5)	
(3)		(6)	

Check this box if you have attached a sheet listing additional children for the qualified additional dependent deduction.

4.	Extraordinary	y visitation	For noncustodial	parent onl	3

If th	mber of court-ordered overnights in a year is number exceeds 127 days per year, provide a copy of the court order containing the visitation is issues.
(2) Phy	rsical care
а. [The court ordered equally shared physical care for the children. If the court ordered equally shared physical care for the children, the extraordinary visitation credit does not apply.
b. [☐ The court did not order equally shared physical care for the children.

Continued on next page

5. Assets Things you own.

A. Real estate

Property Address	Purchase Price	Debt Total amount you still owe on it
(1)	\$	↔
(2)	\$	\$

Ш	Check this box	if vou have	attached a	sheet with	additional ii	nformation o	n other real	estate.
---	----------------	-------------	------------	------------	---------------	--------------	--------------	---------

B. Vehicles

Includes cars, trucks, motorcycles, and other motorized vehicles.

Make Make (e.g. Ford)	Year	Market value What it would sell for
(1)		\$
(2)		\$
(3)		\$

ı	- 1	Check i	this b	ox it	vou i	have	attach	ed a	sheet	with	addition	ıl in	formation	on of	her ve	hicles	₹.
L	_	CITO CIO	11000	000 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10110	or ce ce ce e	000	511000	,, reit	Ce Ceccette C / Ic		701111000001	0/10/01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠.

\mathbf{c}	Securities.	stacks	ጲ	honds
◡.	oecuniles.	SIUCKS.	œ	DUITUS

Current value of:					
(1)	Stocks	\$			
(2)	Bonds	\$			

D. Life insurance *Owner: P = Petitioner R = Respondent J = Joint (Both)

Life insurance Company name	Owner*	Cash value Not death benefit	Loan from cash value Total amount still owed on loan	Cash value Minus loan owed
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

Check this box if you have attached a sheet with additional information on life insurance.

E. Bank accounts

Checking and savings accounts Bank or Credit Union name If you do not use bank accounts, write "Cash"	Account type Checking or Savings	Net value Cash value minus loan / overdraft owed
(1)		\$
(2)		\$
(3)		\$

Check this box if you have attached a sheet with additional information on other checking and savings accounts.

F. Other assets

Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Other assets Describe	Owner* P,R,J	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1)		\$	\$ to:	\$
(2)		\$	\$	\$
			to:	
(3)		\$	to:	\$

Check this box if you have attached a sheet with additional information on other assets.

6. Expenses

A. My expenses

List your living expenses

*How often paid?: $W = Weekly \ B = Bi$ -weekly (every other week) M = Monthly T = Two times a month A = Annually

Type of expense	Paid to	How often paid?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$

(5) Medical, dental Not health insurance payments – see (10).	\$
(6) Utilities (gas, electric)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Credit card payments	\$
(12) Car loan payments	\$
(13) Other loan payments	\$
(14) Other expense Identify:	\$
(15) Other expense Identify:	\$
(16) Other expense Identify:	\$
(17) Totals from attached sheets, if any	
Check this box if you have attached a sheet with additional information on your expenses.	\$
Total expenses	\$

7. My debts Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.

*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month A = Annually

Payable to	Item or service	Amount	How often paid?* W,B,M,T,A	Balance Due
A.				\$
В.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any				\$

Check this box if you have attached a sheet with additional information on other debts, and enter the total.		
Total other debts		
Including amounts shown on attached		_

8. Current spouse's income

- List your current spouse's information.
- This information will not be used to determine child support obligations.

 $W = Weekly \ B = Bi$ -weekly (every other week) $M = Monthly \ T = Two times a month$

A. Current income from employment	Gross II	ncome	Net Income		
and other sources Sources of income, not required to list name of employer	How often?* W,B,M,T	Gross amount Before taxes	How often?* W,B,M,T	Net Amount After taxes	
(1) Wages from employer Job: Title:		\$		\$	
(2) Wages from employer Job: Title:		\$		\$	
(3) Other income Describe source:		\$		\$	
(4) Other income Describe source:		\$		\$	
Total gross and net income from employment and other sources		\$ Gross income total		\$ Net income total	

9. Attorney Help

Ch	eck o	ne							
A.		An attorney did not help me prepare or fill in this paper.							
B. An attorney helped me prepare or fill in this paper.									
		If you check B, you must fill in the following is	If you check B, you must fill in the following information:						
			_						
		Name of attorney or organization, if any	Attorney's P.I.N. $\# - A$	1sk the attor	ney				
				_					
		Business address of attorney or organization	City	State	ZIP code				
		()							
		Attorney's phone number Attorney's fa	x number – optional Att	torney's emo	ail address – optiona				

^{*}How often is income received?

10. Certification of Service by Mailing or Delivery

l,			_, certify that on $_{\overline{L}}$, 20
Print your name			$\overline{\lambda}$	<i>lonth</i>	Day	Year
-			pport Modification ther party's attorn			
Name of person to wh	om I delivered	d or mailed it	.			
Party's or attorney's r	nailing addre	SS	City		State	ZIP code
Oath and Signa	ture					
l, Print your name			_, certify under per	alty of pe	erjury and p	ursuant to th
laws of the State of and that the inform	ation I have	provided in	n this Statement is			al Statement
Signed on: Month	Day	Year	Your signature*			
			- City		State	ZIP code
Mailing address						

^{*} Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.300—Form 325: Affidavit of Mailing Notice

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the	e lowa District Court for	unty where the Application is filed		
Upon	the Petition of	Equity case no.		
Petiti Full nam	Oner e of Petitioner as it is in the original case	Affidavit of Mailing Notice		
and co	oncerning			
	ondent ne of Respondent as it is on the Application			
	If you check B, you must fill in the following in Name of attorney or organization, if any	n this paper.		
	Business address of attorney or organization () ()	City State ZIP code		
	Attorney's phone number Attorney's fo	xx number – optional Attorney's email address – optional		

Important Notice

A party **must** file this Affidavit with the clerk of court if he or she asks the court for a default Decree for modification of child support. The party **must** also complete the oath and signature section on the next page.

Oath and Signature on next page

Rule 17.300—Form 325: Affidavit of Mailing Notice, continued

Oath and Signature			
I,	, certify under penal	ty of perjury and	pursuant to th
Print your name			•
laws of the State of lowa that on the \underline{Da}	day of y	, 20, I se	ent by ordina
mail with proper postage, the following	paper or papers:		
Check one			
Notice of Intent to File a Written App support, or	lication for Default De	cree for modificatio	n of child
Other document (describe):			
to the other party's last-known address	below.		
Other party's street address	City	State	ZIP code
Signed on: Month Day Year	Applicant's signatur	'e*	
Mailing address	- City	State	ZIP code
()			
Phone number Email address		Additional email add	tress – if available

^{*} Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.300—Form 326: Notice of Intent to File Written Application for Default Decree

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Co				County
	(County where your case is filed		
Upon the Petition of		Equity case no		
Petitioner Full name of Petitioner as it is in the original case		Notice of Intent to Application for D		
and concerning				
Respondent Full name of Respondent as it is in the	ne Application			
To party receiving thi	s Notice:			
First name	Middle name	Last name		
Date of Notice:		20		
Month	,,	20 Year		
Handwritten signature of part or attorney if filing in paper The person who provided the		r Electronic signature of poor attorney if filing electrons the information below.		his Notice
Present street address (If	attorney, firm address)	City	. State	ZIP code
()				
Phone number	Email add	dress		
Instructions for party filing. Filing your Notice	-			
0 .	•	ing this Notice unless that party i	s exempt fi	rom electronic
Filing your Notice	in paper (if you have rec	eived permission from the court	to file in pa	aper)
Complete form 32	25 and file the original at the f this form (326) at the cler	ving this Notice by mail or in per the clerk of court's office. rk of court's office.	rson.	
February 2014	Rule 17	.300—Form 326		Page 1 of 1

Rule 17.300—Form 327: Request for Relief in a Child Support Modification

Use this form	only if you h	ave filed or an	swered an Appl	ication to Modify	Child Support	(301) and:
OSC UIIS IUI III	UIII V II VOU II	ave med or an	Sweled all Appl	ication to mount	CIIIIu Subboit	(JOI) and.

- The other party did not file an Answer (315), or
- The other party will not work with you to prepare a Settlement Agreement (328).

Caution: This form may require you to provide protected or sensitive information.

- 🖳 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.
- [in the contraction of the contr

County where Appl	ligation is filed	
,	iication is jitea	
Equity cas	se no	
S		
	T la sua hann saca	
ay leave your street address, phon	e number, and email l	hlank.
th year		
City	State	ZIP code
Phone number	Email a	ddress
n: <u>Birth year</u>		
eddress City	State	ZIP code
	Requision In all information that you know. any leave your street address, phone City City Phone number n: Birth year	th year City Phone number Email a Birth year

 $Rule\ 17.300 — Form\ 327: \textit{Request for Relief in a Child Support Modification}, continued$

A. Child support Check each that is true, and fill in the blanks for the items you check. (1) Child support should be raised from \$		Fullr	name: first, middle, last				
Request for Relief A. Child support Check each that is true, and fill in the blanks for the items you check. (1) Child support should be raised from \$		\overline{Prese}	nt street address	City		State	ZIP code
Check each that is true, and fill in the blanks for the items you check. (1) Child support should be raised from \$		Coun	ty	() Phone numbe	${r}$ 1	Email a	ddress
Check each that is true, and fill in the blanks for the items you check. (1) Child support should be raised from \$	R	equest	for Relief				
per month, beginning	A		• •	e blanks for the iten	ıs you check.		
First, middle, & last initials of each child Birth year a.		(1)	Child support should be ra	ised from \$	per mon	th to \$_	
initials of each child a. b. c. f. Check this box if you have attached a separate sheet listing additional children. (2) Child support should be lowered from \$ per month to \$ per month beginning							.
b. c. f. f. Check this box if you have attached a separate sheet listing additional children. Child support should be lowered from \$				Birth year			Birth year
c.			а.		d.		
Check this box if you have attached a separate sheet listing additional children. (2) Child support should be lowered from \$ per month to \$ per month beginning			b.		e.		
(2) Child support should be lowered from \$			c.		f.		
per month beginning			Check this box if you ha	ave attached a separ	rate sheet listing additi	onal ch	ildren.
First, middle, & last initials of each child a. b. c. Check this box if you have attached a separate sheet listing additional children. Day Year First, middle, & last initials of each child d. e. f. Check this box if you have attached a separate sheet listing additional children.		(2)	Child support should be lo	wered from \$	per mon	th to \$_	
initials of each child a. b. c. Check this box if you have attached a separate sheet listing additional children. (3) Check here if you want child support to be higher or lower than the Child Support Guidel				th			:
b. e. f. f. Check this box if you have attached a separate sheet listing additional children. (3) Check here if you want child support to be higher or lower than the Child Support Guidel				Birth year			Birth year
c. f. f.			a.		d.		
☐ Check this box if you have attached a separate sheet listing additional children. (3) ☐ Check here if you want child support to be higher or lower than the Child Support Guidel			b.		e.		
(3) Check here if you want child support to be higher or lower than the Child Support Guidel			c.		f.		
			Check this box if you ha	ave attached a separ	rate sheet listing additi	onal ch	ildren.
		(3)					Support Guidelir

Rule 17.300—Form	327: Request for Relief in a Child Sup	port Modification, continu	red	
	b. Child support should be	oe different than the	e Guidelines amount becau	use:
(4)	Child support should be sto	ppped beginning on	the	
	day of	, 20	for:	
	Day Month	Year		
	First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
	a.		d.	
	b.		e.	
	c.		f.	
	Check this box if you ha	we attached a separat	te sheet listing additional chi	ldren.
(1) (2)	There is no court order at There is a court order at the court check (2), check a or b:			
a.	A court order currently should stay the same.	says who gets the	tax deduction for the child	d or children and it
b.	☐ A court order currently		tax deduction for the child	d or children and it
	should be changed as	set forth in the tab	le below. Explain	
		1		
	First, middle, & last initials of each child	Birth year	Person who should now tax deduction	claim child for
	i.			
	ii.			
	iii.			
	iv.			
	V.		1	
	Check this box if yo	Lu have attached a ser	l parate sheet listing additiona	l children.

Rule 17.300—Form 327: Request for Relief in a Child Support Modification, continued

C.	Health Check (ce or cash medical su	ıpport		
	(1) There is no court order at this time on who pays health insurance or medical support.						
	(2)		ere i por		time on who pays	s health insurance or cash medical	
	If y	ou ch	ieck ((2), <i>check</i> a <i>or</i> b			
 A court order currently says who pays for health care expenses for children and it should stay the same. 					nealth care expenses for the child or		
		b.		A court order currently sbe changed as set forth		nealth care expenses and it should Explain	
				First, middle, & last initials of each child	Birth year	Parent who should now provide health insurance or cash medical support	
				i.			
				ii.			
				iii.			
				iv.			
				v.			
				Check this box if you	are attaching a sepa	rate sheet listing additional children.	
	(3) Isl	nould	l pay	· %	of the out-of-pocket	t health care expenses.	
		e oth cense		arent should pay %	c	of the out-of-pocket health care	
	(5) Isl	nould	l pay	· %i	in cash medical sup	pport.	
	(6) Th	e oth	er pa	arent should pay %	ir	n cash medical support.	
D.	Court Check of		•				
	(1)	All	courl	fees should be paid by	me.		
	(2)	All	courf	fees should be paid by	the other parent.		
	(3)	The	oth	er parent and I should p	ay one-half of the r	remaining court fees.	
	(4)	The	oth	er parent and I should p	ay one-half of the t	otal court fees.	

Rule 17.300—Form 327: Request for Relief in a Child Support Modification, continued

	E. Atto	orney's Fees	
	Che	eck one	
	(1)	My attorney's fees	
		a. I have no attorney's fees.	
		b. I will pay my own attorney's fees.	
		c.	for my attorney's fees.
3.	Neces	ssary Documents	
		nat the court require each of us to sign and deliver to ea	
	be nee	eded to carry out the terms of the Decree Modifying Chil	d Support.
4.	Other	Request for Relief Attach additional sheets if necessary	
		, , , , , , , , , , , , , , , , , , , ,	
5	Staton	ments of Understanding and Fact	
J.		each that applies	
		I have made a full disclosure of my income to the court.	
		•	
	b. 📙	This Request for Relief addresses all issues in the Application	on to Modify Child Support.
	c. 🗌	I want the court to approve this Request for Relief and make Modifying Child Support.	it part of the final Decree

Continued on next page

 $Rule\ 17.300 — Form\ 327: \textit{Request for Relief in a Child Support Modification}, continued$

6.	Attorney Help Check one											
	(1) An attorney did not help me prepare or fill in this paper.											
	(2) An attorney helped me p											
	If you check (2), you must fill in the	•										
	Name of attorney or organizat	tion, if any	Attorney's P.I.N.	# – Ask the attor	ney							
	Business address of attorney of	or organization	City	State	ZIP code							
		_										
	() Attorney's phone number	Attorney's fax	number – optional	Attorney's em	ail address – optiona							
	filing. This document, if filed electronically, w	-	_	-	20							
	I,	, certii	y that on		, 20 v Year							
	Name of person to whom I delivered or	mailed it										
	Party's or attorney's mailing address	City		State	ZIP code							
8.	Oath and Signature											
	I,	, have	read this Requ	est, and I certi	fy under penalty							
	Print your name		- 6 4 4 4	·•	la a company del and							
	of perjury and pursuant to the la in this Request is true and corre	ct.	or lowa that the	information i	nave provided							
	, 2	O	signature*									
	Signed on: Month Day	Year Your	signature*									
	Mailing address	City		State	ZIP code							
	Phone number Fmai	l address		litional email add	lyana ifil-li-							
	 Whether filing electronically or in paper, scan the form after signing it and then fil 		e your signature on th	us jorm. If you are	guing electronically,							

Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support

Use this form only if:

- You and the other party both agree to the terms of a Settlement Agreement.
- There is a current Iowa child support order in effect.
- · You would like to increase, decrease, or stop child support
- There is on file an Application to Modify Child Support.

Caution: This form may require you to provide protected or sensitive information.

- 🖳 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.
- If filing in paper, you may use form 311 to provide any protected information in full.

n the	lowa District Court for	County where Applica	County where Application was filed			
Upo	n the Petition of	7	•			
- p-		Equity case	no			
Full na	tioner me of Petitioner as it is in the Application concerning		nent Agreeme ation to Modi Support			
	pondent me of Respondent as it is in the Application					
. Ap	oplicant's Information Fill in all ouse and you fear for your safety, you may					
. Ap	ouse and you fear for your safety, you may Applicant's information:					
. Ap	Duse and you fear for your safety, you may Applicant's information: Bit	v leave your street address, ¡ rth year	phone number, and	email blank. ZIP code		
. Ar spo A.	Applicant's information: Applicant's information: Bit Applicant's present street address	v leave your street address, ¡ rth year	phone number, and State	email blank. ZIP code		
. Ap	Applicant's information: Applicant's information: Bit Applicant's present street address County	v leave your street address, perth year City Phone number	phone number, and State	email blank. ZIP code		

Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support, continued

	Fullr	name: first, middle, last				
	\overline{Prese}	nt street address	City		State	ZIP code
	Coun	tv	() _ Phone numbe	${r}$	Email ac	ldress
۸,	greeme					
	Child s					
<i>,</i>		ach that is true, and fill in th	he blanks for the iten	ıs you check.		
	(1)	Child support should be ra	aised from \$	per mon	th to \$_	
		per month beginning			for	:
		Mo	nth	Day Yea	ar	
		First, middle, & last initials of each child	Birth year	First, middle, & I initials of each of		Birth year
		a.		d.		
		b.		e.		
		c.		f.		
		c. Check this box if you h	nave attached a separ		onal chi	ldren.
	(2)		_	rate sheet listing additi		
	(2)	Check this box if you had Child support should be led per month beginning	owered from \$	rate sheet listing additi per mon , 20	th to \$_ for	
	(2)	Check this box if you he Child support should be le per month beginning Mo	owered from \$	rate sheet listing additi per mon	th to \$_ for ar	
	(2) 🗌	Check this box if you had Child support should be led per month beginning	owered from \$	rate sheet listing additi per mon , 20	th to \$_ for ar last	:
	(2)	Check this box if you he Child support should be le per month beginning Mo First, middle, & last	nth	per mon	th to \$_ for ar last	:
	(2)	Check this box if you he Child support should be le per month beginning Mo First, middle, & last initials of each child	nth	per mon	th to \$_ for ar last	:
	(2)	Check this box if you he Child support should be le per month beginning	nth	per mon	th to \$_ for ar last	
	(2)	Check this box if you he Child support should be le per month beginning	nth Birth year	per mon per mon per mon per mon year year First, middle, & initials of each of d. e. f.	th to \$_ for ar last child	: Birth year
	(2)	Check this box if you here to child support should be less than the per month beginning	nth Birth year ave attached a sepandild support to be highwrite the amount you	rate sheet listing additi per mon , 20 Day Yea First, middle, & initials of each of d. e. f. rate sheet listing additi gher or lower than the want and explain why in	th to \$_ for ar last child	Birth year
		Check this box if you he child support should be led per month beginning	by by by by by by by by by by by by by b	rate sheet listing additi per mon 20 Day Yea First, middle, & initials of each of the control o	th to \$_ for ar last child	Birth year

	day of Day Month	, 20 Year	for:	
	First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth ye
	a.		d.	
	b.		е.	
	C.		f.	
	Check this box if you ha	we attached a separ	rate sheet listing additional chi	ldren.
. ,	There is a court order at t u check (2), check a or b:	this time on tax de		
. ,	There is a court order at t u check (2), check a or b: A court order currently should stay the same	his time on tax de y says who gets th y says who gets th	ductions. ne tax deduction for the child ne tax deduction for the child	
If yo a.	There is a court order at t u check (2), check a or b: A court order currently should stay the same A court order currently	his time on tax de y says who gets th y says who gets th	ductions. ne tax deduction for the child ne tax deduction for the child	d or children
If yo a.	There is a court order at t u check (2), check a or b: A court order currently should stay the same A court order currently should be changed as	his time on tax den y says who gets the y says who gets the s set forth in the ta	ductions. The tax deduction for the child the tax deduction for the child t	d or children
If yo a.	There is a court order at t u check (2), check a or b: A court order currently should stay the same A court order currently should be changed as first, middle, & last initials of each child	his time on tax den y says who gets the y says who gets the s set forth in the ta	ductions. The tax deduction for the child the tax deduction for the child t	d or children
If yo a.	There is a court order at t u check (2), check a or b: A court order currently should stay the same A court order currently should be changed as first, middle, & last initials of each child i.	his time on tax den y says who gets the y says who gets the s set forth in the ta	ductions. The tax deduction for the child the tax deduction for the child t	d or children
If yo a.	There is a court order at t u check (2), check a or b: A court order currently should stay the same A court order currently should be changed as first, middle, & last initials of each child i.	his time on tax den y says who gets the y says who gets the s set forth in the ta	ductions. The tax deduction for the child the tax deduction for the child t	d or children
If yo a.	There is a court order at t u check (2), check a or b: A court order currently should stay the same A court order currently should be changed as First, middle, & last initials of each child i. ii. iii.	his time on tax den y says who gets the y says who gets the s set forth in the ta	ductions. The tax deduction for the child the tax deduction for the child t	d or children
If yo	There is a court order at to uncheck (2), check a or b: A court order currently should stay the same A court order currently should be changed as First, middle, & last initials of each child i. ii. iii. iv. v.	his time on tax developed says who gets the says who gets the says who gets the says forth in the tax	ductions. The tax deduction for the child the tax deduction for the child t	d or children
If yo a. b. Check (1	There is a court order at to u check (2), check a or b: A court order currently should stay the same A court order currently should be changed as First, middle, & last initials of each child i. ii. iii. iv. v. Check this box if your neuron or cash medical or (2)	his time on tax developed says who gets the says who gets the set forth in the tax set forth year Birth year ou have attached a second support	ductions. ne tax deduction for the child the tax deduction for the child the below. Explain Person who should now tax deduction.	claim child fo

Rule 17.300-	—Form 328: S	ettlement Agreement on an Applicatio	n to Modify Child Support,	continued
	a.	A court order currently children and it should s		ealth care expenses for the child or
	b.	A court order currently be changed as set fort	says who pays for h h in the table below	ealth care expenses and it should Explain
		First, middle, & last initials of each child	Birth year	Person who should now provide health insurance or cash medical support
		i.		
		ii.		
		iii.		
		iv.		
		v.		
		☐ Check this box if you	ı are attaching a sepai	rate sheet listing additional children.
(3	3) Applica	nt should pay %	of the	out-of-pocket health care expenses.
(4	4) The oth expense	· · · · · · · —		_ of the out-of-pocket health care
(5	ō) Applica	nt should pay %	in cas	sh medical support.
(6	6) The oth	ner parent should pay %	in cash me	edical support.
	ourt Fees heck one	5		
(*	1) 🗆 All	court fees should be paid by	y Applicant.	
(2	2) 🗌 All (court fees should be paid by	y the other parent.	
(3	3) 🗌 The	e other parent and Applicant	t should pay one-hal	f of the remaining court fees.
(4	4) □ The	e other parent and Applicant	t should pay one-hal	f of the total court fees.

Continued on next page

Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support, continued

	E.		orne eck d	-	Fees												
		(1)	Ар	plica	ant's atto	rney's fee	es										
			a.		Applica	nt has no	attor	ney's fe	ees.								
			b.		Applica	nt will pa	у Арр	licant's	own a	attorne	ey's fee	es.					
			C.		Applica	nt asks t	hat the	e other	party	pay \$			_for A	pplicant	's a	ttorney's fees	3 .
		(2)	Th	e otl	her party	's attorne	ey's fe	es									
			a.		The oth	ner party	has no	o attorn	ey's f	ees.							
			b.		The oth	ner party	will pa	ay his o	r her d	own at	torney	's fees	S .				
			C.		The oth	ner party	asks t	hat App	olicant	t pay \$	S		_ for th	e other	par	ty's attorney's	3
 4. 	W m	le as ay b	sk tl e n	hat leec	ded to ca		the te	rms of	the [Decre	e Mod					papers that	
	_																_
																	_
																	_
5.		torr Ap <i>Che</i>	-	ant	elp												
		(1)		An	attorne	y did no	t help	the A	pplica	ant pr	epare	or fill	in this	paper.			
		(2)				y helped ou must fi				•		in thi	s pap	er.			
			Na	me o	of attorney	or organ	ization	ı, if any		Atto	rney 's I	P.I.N. ‡	# – Ask	the atto	rney	,	
			Bu	sines	ss address	of attorn	ey or o	rganiza	tion	City				State	_	ZIP code	
			(Att	orne	y 's phone	number		(Attorne	y 's fas	c numb	er – opti	ional	Attor	ney 's en	iail i	address – option	ıal
	B.		e ot		party												
		(1)		An	attorne	y did no	t help	the ot	her p	arty p	repar	e or fi	ll in th	is pape	er.		
						y helped	-		-		-						

Rule 17.300-Form 328: Settlement Agreement on an Application to Modify Child Support, continued If you check (2), you must fill in the following information: Name of attorney or organization, if any Attorney's P.I.N. # – Ask the attorney Business address of attorney or organization State ZIP code Attorney's email address - optional 6. Oaths and Signatures This Settlement Agreement addresses all issues in our modification of child support. We have made a full disclosure of our income to the court. We want the court to approve this Agreement and make it a part of the final Decree Modifying Child Support. Applicant's Oath and Signature ____, certify under penalty of perjury and pursuant to the Print your name laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in this child support modification. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court. Applicant's signature* Month Mailing address State ZIP code Phone number Email address Additional email address - if available * Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically. B. The other party's Oath and Signature , certify under penalty of perjury and pursuant to the Print your name laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in this child support modification. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court. Month Other party's signature* Mailing address City ZIP code State Email address Additional email address – if available * Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing

February 2014 Rule 17.300—Form 328 Page 6 of 6

electronically, scan the form after signing it and then file electronically.

[Court Order June 17, 2008; March 6, 2014]

Forms 329 to 400: Reserved

Rule 17.400 Child custody and visitation forms for unmarried parents. The following forms are for determining child custody and visitation terms for unmarried parents of children under the age of 18 who are children of both parties, or children under age 18 whom the parties have adopted, or children 18 years of age or older who are children of both parties and are dependent or still need support. Parties also must use these forms if a party is pregnant with the other party's child. Parties cannot use these forms if the parties were ever married to each other.

Form 401: Petition for Custody and Visitation (Parents not Married)

Form 402: Petition Cover Sheet for Custody and Visitation

Form 403: Confidential Information Form

Form 404: Original Notice for Personal Service
Form 404a: Original Notice for Personal Service

Form 405: Acceptance of Service

Form 406: Directions for Service of Original Notice
Form 407: Motion and Affidavit to Serve by Publication

Form 408: Original Notice by Publication
Form 408a: Proof of Service by Publication

Form 409: Application and Affidavit to Defer Payment of Costs

Form 410: Affidavit of Service of Original Notice and Petition for Custody and

Visitation

Form 411: Protected Information Disclosure

Form 412: Joint Statement to Disestablish Legal Parent

Form 413: Motion to Disestablish Legal Parent

Form 414: Reserved

Form 415: Answer to Petition for Custody and Visitation

Form 416: General Answer to a Petition for Custody and Visitation

Forms 417 to 420: Reserved

Form 421: Affidavit for Temporary Custody and Visitation

Form 422: Motion in a Custody and Visitation Case

Form 423: Response to a Motion in a Custody and Visitation Case

Form 424: Custody and Visitation Financial Statement

Form 425: Affidavit of Mailing Notice

Form 426: Notice of Intent to File Written Application for Default Decree Form 427: Request for Relief in a Dissolution of Marriage with Children

Form 428: Settlement Agreement for Custody and Visitation

Form 429: Agreed Parenting Plan
Form 430: Proposed Parenting Plan

Forms 431 to 500: Reserved

[Court Order July 19, 2019, effective September 1, 2019]

legal advice.

Rule 17.400—Form 401: Petition for Custody and Visitation (Parents not Married)

Read the *Guide to Representing Yourself in an Iowa Custody and Visitation Case (Parents not Married)* on the Iowa Judicial Branch website before using this form.

Petitioner: Use this form only if one or more of the following are true:

- There are children under age 18 who are children of both Petitioner and Respondent.
- There are children under age 18 who were adopted by both Petitioner and Respondent.
- . A parent is pregnant with the other parent's child.
- · The parties have never been married to each other.
- If filing electronically, you must provide any protected information in full on form 411.
- If filing in paper, you may use form 411 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the lowa	District Court for $\frac{1}{Cou}$	nty where you are filing this Petition				
Upon the Petition of		For clerk's use only				
Petitioner Full name: The parent who files the Petition	first, middle, last	Petition for Custody and Visitation (Parents not Married)				
and concerning						
Respondent Full name:	first, middle, last					
parent and you fear for	your safety, you may leave y	our street address, phone	ave been assaulted by the other e number, and email blank.			
parent and you fear for	your safety, you may leave y	our street address, phone	e number, and email blank.			
parent and you fear for A. Petitioner's (you	your safety, you may leave y	our street address, phone nt residence: Birth yea	e number, and email blank. r State ZIP code			
parent and you fear for A. Petitioner's (you Petitioner's present	your safety, you may leave y ur) birth year and preser nt street address	our street address, phone It residence: Birth year City Email address	e number, and email blank.			
parent and you fear for A. Petitioner's (you Petitioner's present	your safety, you may leave y ur) birth year and preser nt street address Phone number the other parent's) birth	our street address, phone It residence: Birth year City Email address	e number, and email blank. T State ZIP code			

August 2019 Rule 17.400—Form 401 Page 1 of 6

Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide

 $Rule\ 17.400 - Form\ 401: \textit{Petition for Custody and Visitation (Parents not Married)}, continued$

		Full name: first, mi	ddle, last						
		Petitioner's presen	t street address		City	,	-	State ZII	D code
		County	() Phone nu	mber		mail addres	S		
2.	Ge	eneral Informat	ion about th	e Partie	s and the	e Childre	en		
	A.	Children Check all that are to	rue						
		A. There are Responde	children under ent.	age 18 wh	no are the b	oiological c	hildren of	both Petitic	ner and
		B. There are by the oth	children under er party.	age 18 wh	no are the b	oiological c	hildren of	one party a	and adopte
		C. There are	children under	age 18 wh	no were ad	opted by b	oth parties		
		D. Detitioner	or Responden	t is pregna	nt.				
	B.	Identification of	children						
				Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
		First, middle, & la	ast initials						
		Birth year							
		-							
	C.	-		f legal parer	ıts have bee	n establishe	d and how.	If establish	ned by genet
	C.	☐ Check this box Legal parents For each child of th	e parties, state ij	f legal parer	ıts have bee	n establishe	d and how.	If establish	ned by genet
	C.	☐ Check this box Legal parents For each child of th	e parties, state ij affidavit, check i	f legal parei he box man	nts have bee ked "Other'	n establishe " and explai	d and how. n on section	If establish 1 4 below.	
	C.	☐ Check this box Legal parents For each child of th testing or paternity	e parties, state ij affidavit, check i	f legal parei he box man	nts have bee ked "Other'	n establishe " and explai	d and how. n on section	If establish 1 4 below.	
	C.	Check this box Legal parents For each child of th testing or paternity Legal parents es	e parties, state ij affidavit, check i	f legal parei he box man	nts have bee ked "Other'	n establishe " and explai Child (3)	d and how. n on section	If establish 14 below. Child (5)	Child (6)
	C.	Check this box Legal parents For each child of th testing or paternity Legal parents es Yes	e parties, state ij affidavit, check i	f legal parei he box man	nts have bee ked "Other'	n establishe " and explai Child (3)	d and how. n on section	If establish 14 below. Child (5)	Child (6)
	C.	Check this box Legal parents For each child of th testing or paternity Legal parents es Yes No	e parties, state ij affidavit, check i tablished?	f legal parenthe box man	nts have bee ked "Other'	n establishe " and explai Child (3)	d and how. n on section Child (4)	If establish 14 below. Child (5)	Child (6)
	C.	Check this box Legal parents For each child of th testing or paternity Legal parents es Yes No Unknown	e parties, state i affidavit, check i tablished? ate how:	f legal parenthe box man	nts have bee ked "Other'	n establishe " and explai Child (3)	d and how. n on section Child (4)	If establish 14 below. Child (5)	Child (6)
	C.	Check this box Legal parents For each child of th testing or paternity Legal parents es Yes No Unknown If established, st	e parties, state i affidavit, check i tablished? ate how:	f legal parenthe box man	nts have bee ked "Other'	n establishe " and explai Child (3)	d and how. n on section Child (4)	If establish 14 below. Child (5)	Child (6)

Rule 17.400-Form 401: Petition for Custody and Visitation (Parents not Married), continued

D. Children's living arrangements

Places where the children have lived during the last five years and the parent(s) or adult(s) who acted as parent(s): Fill in as much information as you know.

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(1)	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(2)	Children's initials	J (1)	J (2)	O.m.a (o)	J (1)	Oimu (o)	Oa (o)
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(3)	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/dd/yyyy			
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(4)	Children's initials		(2)	(2)		(2)	(1)
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/dd/yyyy			
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(5)	Children's initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(5)		Child (1)	Child (2) Adult Name	Child (3)	Child (4)		Child (6) State

☐ Check this box if you have attached a separate sheet listing additional children or addresses.

Note: If the children have been in Iowa for less than six months, an Iowa court may not be able to issue an order about custody or visitation. The rules are complicated and you may need to talk to an attorney.

Rule 17.400—Form 401: Petition for Custody and Visitation (Parents not Married), continued

	Ch	•		ent's status that is true	
	(1)) 🗆	If y	espondent (the other parent) is in the military service. From check (1) , there are special rules that may prevent your case from going per parent is in the military. You should talk to an attorney.	forward if the
	(2)) 🗆	Res	spondent is in prison or jail at	in State
F		otec eck c		or no contact order	
	(1)) 🗆		ere is neither a "protective order" nor a "no contact order" between Pe id Respondent (the other parent).	etitioner (you)
	(2)) 🗆		ere is a "protective order" or a "no contact order" between Petitioner and check (2) , fill in the following information:	nd Respondent.
			a.	County and state where the order came from:	
				County	State
			b.	Court case number:	
	Othe neck A			es about the Children	
A.		Th	ere	are no other cases about the children. If you check A, skip to 4.	
ь		ть		and the control of th	
В.	. Ц	ΙΠ	ere	are other cases about the children.	
Б.	No abl	te: I le to	f the	are other cases about the children. The is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney.	
Б.	No abl	te: I le to talk	f the issue to ar	ere is a court order from out of state about the children, an Iowa court me e an order about custody or visitation. The rules are complicated and yo	
Б .	No abl	te: I le to talk	f the issue to ar	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney.	
Б.	No abl	te: I le to talk ou c	f the issue to ar heck /enil	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below.	
Б.	No abl	te: I le to talk ou c	f the issue to ar heck /enil	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below. The court	
Б.	No abl	te: I le to talk ou c Ju	f the issue to ar heck renilect a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below. See court For b There is no juvenile court case. There is a juvenile court case.	
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck renilect a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below. The court a or b There is no juvenile court case.	
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck renilect a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below. See court For b There is no juvenile court case. There is a juvenile court case.	
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck /enileck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below. The court are bound or	ou may need
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck /enill leck a leck a leck a leck i.	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below. Be court a or b There is no juvenile court case. There is a juvenile court case. There is a juvenile court case. You check b, fill in the following information: County and state of the juvenile court case: County	ou may need
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck /enill leck a leck a leck a leck i.	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you nattorney. E.B., fill in the applicable information below. The court a or b There is no juvenile court case. There is a juvenile court case. Tou check b, fill in the following information: County and state of the juvenile court case: County Juvenile court case number: Check one	ou may need
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck /enill leck a leck a leck a leck i.	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. E.B., fill in the applicable information below. The court a or b There is no juvenile court case. There is a juvenile court case. There is a juvenile court case. Tout check b, fill in the following information: County and state of the juvenile court case: County Juvenile court case number: Check one	ou may need

 $Rule~17.400\\ --Form~401: \textit{Petition for Custody and Visitation (Parents not Married)}, continued$

	Ch	eck a	or b	
	a.		There is no custody order.	
	b.		There is a custody order.	
		If y	ou check b, fill in the following information:	
		i.	County and state where the custody order came from:	
			County	State
0	O h	أأ. عاملة	Court case number:	
C.			upport order v <i>or</i> b	
		_		
	a. L		There is a shild support order.	
	b.		There is a child support order.	
			ou check b, fill in the following information:	
		i.	County and state where the child support order came from: County	State
		ii.	Court case number:	2000
		iii.	List the children the support case covers (initials only):	
			nation All of the basic information you need to tell the court is listed on this fo formation only if you need to explain something.	rm.
Provide Provide Petiti	one	er inj er's ask	formation only if you need to explain something. Request s the court to:	
Provide Provide Petiti	one oner	er inj er's ask	formation only if you need to explain something. Request	
Provide Petiti Petitio Check	one oner	er's ask	formation only if you need to explain something. Request s the court to:	
Petiti Petitio Check to an a	one oner	er inj	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation. tablish legal parent.	
Petiti Petitio Check to an a	oner all tittorr	er inj	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation.	
Petiti Petitio Check to an a A. B.	oner all tittorr	er inj er's ask aat aj aey. De Est Ord	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees.	
Petiti Petitio Check to an a A. B. C. D. E.	oner all tittorr	er inj ask aak aj aey. De Esi Ord Ord	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	
Petiti Petitio Check to an a A. B. C. D.	oner all tittorr	er inj ask aak aj aey. De Esi Ord Ord	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees.	
Petiti Petitio Check to an a A. B. C. D. E.	oner all tittorr	er inj ask aak aj aey. De Esi Ord Ord	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	
Petiti Petitio Check to an a A. B. C. D. E.	oner all tittorr	er inj ask aak aj aey. De Esi Ord Ord	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	
Petiti Petitio Check to an a A. B. C. D. E.	oner all tittorr	er inj ask aak aj aey. De Esi Ord Ord	Request s the court to: pply. The court will only consider items that are checked. If you do not know who cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	

Rule 17.400—Form 401: Petition for Custody and Visitation (Parents not Married), continued

6.	Attorney Help Check one			
	A. An attorney did not help me prepare	or fill in this pape	er.	
	B. An attorney helped me prepare or fill If you check B, you must fill in the following			
	Name of attorney or organization, if any	Attorney's PIN-	Ask the attorney	
	Business address of attorney or organization () ()	City	State	ZIP code
	Attorney's phone number Attorney's fa	x number – optional	Attorney's emai	il address – optional
7.	Service Instructions			
	If Petitioner is filing in paper,			
	Check one			
	A. Detitioner will accept service of documents of the property of the proper	ments at the atto	rney's address	listed above; or
	B. Petitioner will accept service of documents of the property of the proper	ments in this cas	e at the mailing	address below
	Oath and Signature			
ο.	Oath and Signature			
		ve read this Petit	ion, and I certify	under penalty
	Print your name of perjury and pursuant to the laws of the Sta	ata of loves that t	ha information l	havo
	provided in this Petition is true and correct.	ate of lowa that t	ne miornation i	nave
	•			
	Signed on:	Your signature*		
	Monin Day Tear	Tour signature		
	Mailing address City	,	State	ZIP code
	()			
	Phone number Email address	A	dditional email ad	dress – if available
*	Whether filing electronically or in paper, you must handwri scan the form after signing it and then file electronically.	ite your signature on ti	his form. If you are f	ling electronically,

Important Notice to Petitioner

See next page for instructions for filing a Petition.

Instructions for Rule 17.400—Form 401: Petition for Custody and Visitation (Parents not Married)

Do not file these instructions

Instructions for Filing a Petition for Custody and Visitation

The Iowa Judicial Branch uses an electronic filing court system, known as the eFile System. You must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Petition electronically

- You must register to file electronically. For help, see the <u>eFile User Guide</u> and the instructions on the <u>eFile Instructions page</u> on the Iowa Judicial Branch website.
- After you have registered, log in to the eFile system to file electronically your custody case.
- With your Petition, you must also file an Original Notice (404) and a Protected Information Disclosure Form (411).
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of
 your Petition and other documents.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your
 eFile account. Log into My Filings, correct the error, and resubmit your filing. For help, see
 Resubmitting a Returned Filing.
- Log in to your eFile account and download and print your Petition and Original Notice so that you
 can serve it on (deliver it to) the other parent.
- For help finding and downloading your Petition and Original Notice, see <u>Managing your filings</u>.

Filing your Petition in paper

- To request permission from the court to file in paper, you must file a Motion for Exemption From Registration and E-filing [Rule 16.302(2)] along with your Petition (401), a Petition Cover Sheet (402), an Original Notice (404a), and a Confidential Information Form (403).
- Forms 401 and 404a: Make two photocopies if you can deliver copies of these forms to the other
 parent in person or by mail. Make three photocopies if you are going to ask the county sheriff or a
 civil process server to deliver these forms to the other parent.

Note about making photocopies: You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.

- Forms 402, 403, and Motion for Exemption: You do not have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county.
 Tell the clerk at the counter you are filing a Petition for a custody case.

Instructions for Rule 17.400-Form 401: Petition for Custody and Visitation (Parents not Married), continued

- Give the clerk at the counter these forms:
 - 401 Petition for Custody
 - 402 Coversheet for a Petition for Custody
 - 403 Confidential Information Form (Do not make copies of this form.)
 - 404a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 409.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (404a). You will have to serve this form on (deliver it to) the other parent.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

Rule 17.400—Form 402: Petition Cover Sheet for Custody and Visitation

Case number	County where	case is filed
etitioner		
Petitioner's first name	Middle name	Last name
Street address	City	State ZIP code
() Phone number	Email address	
ase name		
Petitioner's first name	Middle name	Last name
VS.		
Respondent's first name	Middle name	Last name

Nature of the Case: EQUITY— Domestic Relations Custody and Visitation

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the clerk of court when filing a Petition for Custody and Visitation (401).
- Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- Electronic filers: Do not use this form. The information on this form is automatically generated when you submit your documents electronically.

Rule 17.400—Form 403: Confidential Information Form

This form is to be used by paper filers only.

Each party must complete one of these forms if filing in paper.

lowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. The clerk of court will keep each party's completed form confidential.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

		In the lowa District Court for	ounty where your case i	sfiled County
Up	Jpon the Petition of		Equity case no.	
		Full name: first, middle, last files the Petition	Confident	tial Information Form
ınc	l concei	rning		
	spond			
١.	Petitio	oner's Information	/ /	
	Full nan	ne: first, middle, last	Birth date	Social Security number
	I william.	ie. jirsi, miaaie, iasi	Dirin dale	sociai security number
2.		ondent's Information	Birin dale	sociai security number
!.	Respo	ondent's Information		
	Respo	·	Birth date Birth date	Social Security number Social Security number
	Respo	ondent's Information ne: first, middle, last		
	Full nan	ndent's Information ne: first, middle, last en's Information Full name	Birth date	Social Security number
	Full nan Child	ndent's Information ne: first, middle, last en's Information Full name	Birth date	Social Security number
	Full nam Childr Child (1)	ndent's Information ne: first, middle, last en's Information Full name	Birth date	Social Security number
	Full nam Childr Child (1) (2)	ndent's Information ne: first, middle, last en's Information Full name	Birth date	Social Security number
	Full nam Childr Child (1) (2) (3)	ndent's Information ne: first, middle, last en's Information Full name	Birth date	Social Security number

Rule 17.400—Form 403: Confidential Information Form, continued

Signature of Provider			
Information provided by: \overline{P}	Print your full name: first, middle,	last	
		, 20	
Your signature	Month	Day Year	
	Important Notice:		
Do not give o	opies of this form to anyone e	xcept the clerk of court.	

Rule 17.400—Form 404: Original Notice for Personal Service

Petitioner must serve the Petition on Respondent within 90 days after filing the Petition.

Failure to meet this deadline may result in the court dismissing the custody and visitation case.

Read the <u>Guide to Representing Yourself in an Iowa Custody and Visitation Case (Parents not Married)</u> on the Iowa Judicial Branch website for additional important instructions. Iowa custody and visitation forms are available free of charge on the Iowa Judicial Branch website.

- If filing electronically, Petitioner must complete this form.
- If filing in paper, Petitioner must use form 404a.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the lowa District Court for $_{Cou}$	nty where the Petition is filed	_ County		
Upon the Petition of	Equity case no. Original Notice for	Personal	arconal Sarvica	
Petitioner Full name: first, middle, last		i ci soilui		
and concerning				
Respondent Full name: first, middle, last				
To Respondent Named Above Petitioner (the other parent) has filed a custod A copy of the Petition for Custody and Visitati	on is attached to this Notice.		spondent.	
Petitioner's contact information during the	e custody and visitation ca	se:		
Petitioner's name				
Mailing address	City	State	ZIP code	
Phone number Email address				

Important instructions for Respondent on next page

If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov). Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

Rule 17.400—Form 404: Original Notice for Personal Service, continued

Instructions to Respondent

- A. You must file an Answer or a Motion with the clerk of court in the above county within 20 days after you receive this Original Notice. If you do not file an Answer or Motion within 20 days after receiving this Original Notice, the court may enter a judgment against you giving Petitioner what he or she asks for in the Petition.
- B. For help in your custody and visitation case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at http://www.iowacourts.gov/ and click on "For the Public."
- C. If you received Petition form 401, you may use Answer form 415.
- D. You must register to eFile through the Iowa Judicial Branch website at https://www.iowacourts.state.ia.us/Efile and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
 - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16, Iowa Rules of Electronic Procedure, available on the Iowa Judicial Branch website.
 - For court rules on Personal Privacy Protection in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file documents in paper.
 Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner's attorney(s). A Notice of Electronic Filing will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

Important Notice to Respondent
You should talk to an attorney at once to protect your interests.

Rule 17.400—Form 404a: Original Notice for Personal Service

Petitioner: Use this form only if you are filing documents in paper.

Read the *Guide to Representing Yourself in an Iowa Custody and Visitation Case (Parents not Married)* for additional important instructions. Iowa custody forms are available free of charge on the Iowa Judicial Branch website.

- If filing electronically, Petitioner must use form 404.
- If filing in paper, Petitioner must use this form.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the lowa District Court for County where the Petition is filed				
Upon the Petition of	Equity case no.			
	Original Noti	ce for Personal Service		
Petitioner Full name: first, middle, last		oc for r croomar oct vice		
and concerning				
Respondent Full name: first, middle, last	_			
 Petitioner (the other parent) has filed a A copy of the Petition for Custody an Petitioner asks the court to address of Petitioner's contact information during the 	d Visitation is attached to this custody and visitation.	Notice.		
Mailing address	City	State ZIP code		
()	ldress			
2. Instructions to Respondent Nan	ned Above			
 You must file an Answer or a Motion with this Original Notice. If you do not file an the court may enter a judgment against If you received Petition form 401, you ma After you file your Answer or Motion, you 	Answer or Motion within 20 days you giving Petitioner what he or slay use Answer form 415.	after receiving this Original Notice, ne asked for in the Petition.		
(SEAL)				
	Clerk of Court			
Important Notice to Respondent		County Courthouse		
You should talk to an attorney at once to		, Iowa		
protect your interests.	City	ZIP code		

If you need assistance to participate in court due to a disability, call the disability coordinator (information at http://www.iowacourts.gov). Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

August 2019 Rule 17.400—Form 404a Page 1 of 1

[Court Order July 19, 2019, effective September 1, 2019]

Rule 17.400—Form 405: Acceptance of Service

Petitioner must complete this section:

In the Iowa District Court for Court	nty where Petition is filed	Cou	unty
Upon the Petition of	Equity case no.		
Petitioner Full name: first, middle, last	Acceptance	of Servi	ce
and concerning			
Respondent Full name: first, middle, last	_		
Petitioner must file this form with the clerk of court so	on after Respondent signs it.		
Respondent must complete this section:	Oath and Signature		
Respondent's Acceptance of Service, If Respondent completes this Acceptance of Service, Resigning it. Petitioner will file it with the clerk of cour	espondent must return this form to	Petitioner so	oon after
I, Print your name of the Original Notice and the Petition for this I certify under penalty of perjury and pursuan information I have provided in this Acceptance	nt to the laws of the State of Id	ptance of owa that t	Service.
Signed:	Respondent's signature		
Respondent's mailing address	- City	- State	ZIP code
() Phone number Email address			

Important Notice to Respondent

By signing this form, you are not agreeing to what Petitioner wants. You are only agreeing that you received a copy of the Original Notice and Petition.

Rule 17.400—Form 406: Directions for Service of Original Notice

Petitioner: Complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

- Do not use this form if Respondent has already received the Petition and Original Notice and signed an Acceptance of Service (form 405).
- Do not file this form with the clerk of court in paper or electronically.
- Give this form to the sheriff or other process server with your Petition (form 401) and Original Notice (form 404 if electronically filing or form 404a if filing in paper).

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

u	nty wher	re Petition is filed E	quity case number		
		and Location of Sheriff on and fill in the blanks	r Other Process Serv	er	
	A. 🗆	Sheriff In county where Responde	nt will be served _County		
		Street address	City	State	ZIP code
	В. 🗌	Other process server			
		Name of other person serving the No	otice		
		Street address	City	State	ZIP code
	Perso	on to be Served			
	The other	er parent's name	Phone number		
	Address	where the other parent can be serve	city	State	ZIP code
	Perso	n Requesting Service			
	Your na	те	Phone number		
	Your pre	esent mailing address	City	State	ZIP code
1	Speci deliverii	al Instructions for Service	Provide information that wi	ill help the sheriff or	process serve

Rule 17.400—Form 406: Directions for Service of Original Notice, continued

5.	Costs of Service Check one	
	A. Petitioner will pay the costs of the Sheriff If you cannot afford the costs, file form 409.	or other process server.
	B. Costs for Sheriff deferred by court order:	Clerk of court: Sign only if costs deferred by court order
6.	Notification	
	After completion of service, the sheriff or other procrequesting service.	cess server will notify the person
	, 20	
	Date Signed: Month Day Year	Your signature

Rule 17.400—Form 407: Motion and Affidavit to Serve by Publication

Petitioner: Use this form only if you do not know where the other parent lives or works.

- You must contact a newspaper that is generally distributed or circulated throughout the county where you filed the Petition.
- Ask if the newspaper will publish your Original Notice by Publication (form 408) in your custody and visitation case.
- Tell the newspaper you need to publish the Notice once each week for three weeks in a row.
- If the newspaper can publish your Notice three weeks in a row, ask how much it will cost.
- Tell the newspaper you will call back to arrange for publishing your Notice after a judge gives you permission to publish your Notice in the newspaper.
- The fees for publication are set by statute in Iowa Code section 618.11.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court fo	r County where the Petiti		ounty
Upon the Petition of	Equity case no		
Petitioner Full name: first, middle, last	Motion	and Affidavi Publication	t to Serve by on
Full name of Petitioner as it is in the original case			
and concerning			
Respondent Full name: first, middle, last			
A. Respondent's residence Check each that applies (1) Respondent lives outside of lowa. (2) Respondent's residence and place B. Respondent's last known residence:		nknown.	
Street address	City	State	ZIP code
County	()_ Phone number	Email a	ddress
C. Most recent date Respondent is know	n to have been at the	e address abo	ve:

Rule 17.400—Form 407: Motion and Affidavit to Serve by Publication, continued

D.	Petitioner has taken these steps to find Respondent:
E.	Petitioner will publish notice in this newspaper: Name of newspaper

F. Petitioner asks the court to allow Petitioner to serve Respondent by publication because Respondent cannot be personally served.

Rule 17.400—Form 407: Motion and Affidavit to Serve by Publication, continued

B. An a If y Name	attorney helped you check B, you n	thelp me prepare or me prepare or must fill in the following anization, if any torney or organization	fill in this pap	per.	Attorney's PIN –	Ask attorney
If some state of the state of t	ou check B, you n	must fill in the follow	wing information		Attorney's PIN –	Ask attorney
Busi	,		··		Attorney's PIN –	Ask attorney
,	ness address of att	torney or organizat				
(ion	City	State	ZIP code
4)	Attorney's fax no				
Oath and	o ignataro	,	have read th	nis Motion a	and Affidavit, a	nd I certify
Print your r	name				,,	,,
		nd pursuant to the nand Affidavit	is true and c	orrect.	lowa that the in	formation l
M	onth	Day Year	Your sign	nature*		
Mailing addre	?SS		City		State Z	IP code
muning address						

^{*} Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.400—Form 408: Original Notice by Publication

Petitioner: Complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

After you take this Notice to the newspaper, promptly mail a copy of this Notice and the Petition to Respondent's last known mailing address.

Note to Petitioner: Fill in third date of publication in section 2 below.

 $If you \ do \ not \ understand \ how \ to \ use \ this form, \ or \ if \ you \ should \ use \ this form, \ talk \ to \ an \ attorney.$

Newspaper: Publish only the information below this line.

In the lowa District Court for \overline{C}	ounty where the Petition	County is filed
Upon the Petition of	Equity case no.	
Petitioner Full name: first, middle, last	Original I	Notice by Publication
and concerning		
Respondent Full name: first, middle, last		
Petitioner's name: First, middle, last		
Potitioner's present street address		State 71P code
Petitioner's present street address (City	State ZIP code
Petitioner's present street address County () Phone number	City Email address	State ZIP code
()	Email address	

Rule 17.400-Form 408: Original Notice by Publication, continued

3. Instructions to Respondent Named Above

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after the date provided above. If you do not respond, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition. You must register to eFile through the Iowa Judicial Branch website at https://www.iowacourts.state.ia.us/Efile/ and obtain a log in and password to file and view documents in your case and to receive service and notices from the court. For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16, Iowa Rules of Electronic Procedure, available on the Iowa Judicial Branch website. For court rules on the Personal Privacy Protection in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

Important Notice to Respondent

- You should talk to an attorney at once to protect your interests.
- If you choose not to have an attorney represent you in this matter, go to the Iowa Judicial Branch website for self-represented litigant information and family law forms.

If you need assistance to participate in court due to a disability, call the disability coordinator (information at http://www.iowacourts.gov). Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

Rule 17.400—Form 408a: Proof of Service by Publication

Petitioner: Use this form only if you filed Form 407 and the court approved your request to serve Respondent by publication.

- Get proof from the newspaper that published your Original Notice by Publication (408) once each week for three weeks in a row.
- Scan in that proof along with this Form 408a.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	In the lo	wa Dis	trict Cour	t for	County when	re you filed th	ne Petition	_Count	у
Upon	the Petiti	ion of			Equ	ity case no			
Petitio	oner Full n	ame: first, 1	niddle, last		-	Proof of	Service by	Public	ation
and co	ncerning								
Respo	ondent 1	Full name: j	first, middle, last		-				
1. In	formation	n and I	Requests						
A.	Petitioner	publish	ed notice in	this news	spaper:				
Α.	Petitioner	publish	ed notice in	this news	spaper:	Jame of news	paper		
			ed notice in		λ	Iame of news	paper		
		publish	ied notice o	n these th	λ ree dates:	Jame of news _l	paper		, 20
B.		publish	ed notice o	n these th	Aree dates:	Jame of news _l	paper	Day	, 20 <u> </u>
B.	Petitioner Month Petitioner (Form 401	publish Day mailed) to the	ned notice o 20	n these the Month ne Original nt's last know	ree dates: Day Notice by	20 Year	paper	Day	
B.	Petitioner Month Petitioner (Form 401	publish Day mailed) to the	Year a copy of the Responder	n these the Month ne Original nt's last know	nee dates: Day Notice by own addre	20 Year	oaper Month	Day 3) and th	e Petition
B.	Month Petitioner (Form 401 Respondent on this da	publish Day mailed) to the 's Last K	aed notice o 20 Year a copy of the Responder	Month ne Original nt's last knowleddress	nee dates: Day Notice by own addre	20 Year	oaper Month	Day 3) and th	e Petition

Rule 17.400—Form 408a: Proof of Service by Publication, continued

2.	Attori Check of	ney Help one						
	A. 🗆	An attorney did	d not help n	ne prepar	e or fill in this pa	aper.		
	В. 🗆		lped me pr	epare or f	ill in this paper.			
		Name of attorney	or organizati	ion, if any	Attorney's l	PIN - Ask the at	torney	
		Business address	of attorney of	r organizati	on City		State	ZIP code
3.		and Signature	2) 's fax number - opti have read this N			
	under	your name penalty of perju provided in this I	ry and purs	uant to th	e laws of the St	ate of lowa th		
	Signed	on: Month	— Day	20 Year	Your signatus	re*		
	Mailing	z address			<i>``ity</i>	Sta	ate ZI	P code
	(_)		.7 11		4 7 7 7	.9 99	
	Phone i	number	Em	ail address		Additional en	iail addres:	š – if available
,		r filing electronically e form after signing it			, ,	on this form. If ye	ou are filing	electronically,

Rule 17.400—Form 409: Application and Affidavit to Defer Payment of Costs

Petitioner: Use this form only if you cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff cannot be walved. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

Equity case no. Application and Affidavit to Defer Payment of Costs Application and Affidavit to Defer Payment of Costs Respondent Full name: first, middle, last	In the lowa District Court for_	County where the petition is filed
Petitioner Full name: first, middle, last Respondent Payment of Costs Respondent Full name: first, middle, last 1. Request and Information A. I am Petitioner. B. For my Application and Affidavit, I state that: Check all that apply (1)	Jpon the Petition of	
Respondent Full name: first, middle, last 1. Request and Information A. I am Petitioner. B. For my Application and Affidavit, I state that: Check all that apply (1)	Petitioner Full name: first, middle, last	
 1. Request and Information A. I am Petitioner. B. For my Application and Affidavit, I state that: Check all that apply (1) I am unable to pay the filling fee or service costs or other court costs. (2) I ask the court for permission to proceed without prepayment of costs and fees. (3) I am filling this Application and Affidavit in good faith. (4) I believe I am entitled to what I am asking for in this case. C. Household There are people living in my household. D. My household income is \$ per month. Put the total amount of all income and benefits before deductions for all members of your household. E. My income comes from: 	and concerning	
 A. I am Petitioner. B. For my Application and Affidavit, I state that: Check all that apply (1) 	Respondent Full name: first, middle, last	
B. For my Application and Affidavit, I state that: Check all that apply (1)	1. Request and Information	
Check all that apply (1)	A. I am Petitioner.	
 (2)		that:
 (3)	(1)	ervice costs or other court costs.
 (4)	(2) I ask the court for permission to prod	ceed without prepayment of costs and fees.
C. Household There are people living in my household. Number D. My household income is \$ per month. Put the total amount of all income and benefits before deductions for all members of your household. E. My income comes from:	(3) 🔲 I am filing this Application and Affida	avit in good faith.
There are people living in my household. Number D. My household income is \$ per month. Put the total amount of all income and benefits before deductions for all members of your household. E. My income comes from:	(4) 🗌 I believe I am entitled to what I am a	asking for in this case.
D. My household income is \$ per month. Put the total amount of all income and benefits before deductions for all members of your household. E. My income comes from:	C. Household	
Put the total amount of all income and benefits before deductions for all members of your household. E. My income comes from:	There are $\underline{\hspace{1cm}}$ people living in my hou $\underline{\hspace{1cm}}$	sehold.
E. My income comes from:	D. My household income is \$	per month.
-	· · · · · · · · · · · · · · · · · · ·	- •
		y, wages, or benefits such as unemployment, Title 19, FIP.
	Continu	ued on next page

Rule 17.400—Form 409: Application and Affidavit to Defer Payment of Costs, continued

F.	My household has the	e following monthly expenses:
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G.	I have \$	in cash, checking, and savings,

Rule 17.400—Form 409: Application and Affidavit to Defer Payment of Costs, continued

2.	Attorn Check o	ney Help							
	A. 🗆	An attorney did no	t help m	ne prepa	re or	fill in this par	er.		
	В. 🗆	An attorney helper	d me pre	epare or	fill in	this paper.			
		Name of attorney or o	rganizati	on, if any		Attorney's PI	N – Ask th	e attorney	
		Business address of a		J		City		State	ZIP code
		() Attorney's phone num	ber	_ (Attorne) v 's fax	: number – option	al Atto	mey's em	ail address – optional
	l maile	your name d or gave a copy of thaddress:				f y that on <i>Mo</i> avit to the othe		Da the other	,
	Name o	f person to whom I deli	vered or n	nailed it					
	Party's	or attorney's mailing a	ıddress		City			State	ZIP code
4.	l,	and Signature Print your name ate of lowa that I have							to the laws of
	provide	ed in this Application	and Aff	idavit is t	rue ar	nd correct.			
	Signed	on: Month	Day	20 <u>Year</u>		Your signature	*		
	Mailing	address			City			State	ZIP code
	(Phone r) number		ail addres	S		Additiona	l email add	dress – if available
*		filing electronically or in form after signing it and t				our signature on	this form. I	f you are fil	ing electronically,

Rule 17.400—Form 410: Affidavit of Service of Original Notice and Petition for Custody and Visitation

Petitioner: Use this form only if Respondent did not sign an Acceptance of Service (form 405) or a person who is not a sheriff or a process server delivered a copy of the Petition and Original Notice to Respondent (the other parent).

- The person, other than Petitioner, who gave the Petition and Original Notice to Respondent, fills in this form.
- Petitioner, or the person who gave the Petition and Original Notice to Respondent, must file this form with the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	District Cou		ounty where th	e Petition is		unty
pon the Petition of			Equity case			
etitioner Full name: first, mi	iddle, last	_				riginal Notice and Visitation
espondent Full name: first, n	niddle, last	$-\mid$				
I, Name of person – Cannot b Petition for Custody and				copy of the	e Origina	I Notice and Check one ☐ a.m.
Name of Respondent		on	ntla	<u>Dav</u> , 20	at	p.m.
by banding Daggers at set	copies of the	attache	d papers.			
Oath and Signature To be completed by the perso I, Print your name	J		J	-		ice, and I certify
Oath and Signature To be completed by the perso I, Print your name under penalty of perjury have provided in this Aff	and pursuant	t to the lice is tru	have read t	his Affidav	it of Serv	
Oath and Signature To be completed by the perso I, Print your name under penalty of perjury	and pursuant	t to the lice is tru	have read t	his Affidav tate of low	it of Serv	
Oath and Signature To be completed by the perso I, Print your name under penalty of perjury have provided in this Aff Signed on:	and pursuant	t to the lice is tru	have read to aws of the Sole and correct Your signate	his Affidav tate of low	it of Serv	

It is the responsibility of coursel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see Division VI of the Iowa Rules of Electronic Filing in chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422.

Use this form to identify the full version of any protected information redacted in other documents you have filed.

■ If filing electronically:

- Petitioner must complete this form (411) and file it with the Petition (form 401) and Original Notice (form 404).
- Respondent must complete this form if adding or correcting protected information.
- Paper filers also may use form 411 to assist in complying with Iowa Rule of Civil Procedure 1.422. If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	ounty where the case is filed
Upon the Petition of	Equity case no.
Petitioner Full name: first, middle, last	Protected Information Disclosure
and concerning	
Respondent Full name: first, middle, last	

For electronic filers:

When protected information, as defined in lowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in nonconfidential documents, a party shall include the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to lowa Court Rules: Chapter 16, Rules of Electronic Procedure, Division VI, Personal Privacy Protection. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

1. Petitioner The parent who filed for custody and visitation.

Provide the complete version of protected information and the redacted version included in documents you file.

	Protected information type	Complete information	n	Redacted information	
	First	Middle	Last		
Naı	me				

Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
A. Social security number	XXX-XX-XXXX	Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers	 <i>XXX-XX-XXXX</i>	Last four digits only

D.	Personal identification numbers (if no social security number)	Full number	Partial only
E.	Other unique identifying numbers	Full number	Partial only
F.			
	Additional protected information	Full information	Partial information
G.			
	Additional protected information	Full information	Partial information
H.			
	Additional protected information	Full information	Partial information
l.			
	Additional protected information	Full information	Partial information

2. Respondent The other parent who did not file for custody and visitation.

Provide the complete version of protected information and the redacted version included in documents you file. If Petitioner is filling out this form, provide as much information about Respondent as you can.

First	Middle	Last
Protected information type	Complete information (See Rules 16.602 and 16.604)	
A. Social security number	 XXX-XX-XXXX	Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
Individual taxpayer identification numbers	 XXX-XX-XXXX	Last four digits only
D. Personal identification numbers (if no social security number)	Full number	Partial only
E. Other unique identifying numbers	Full number	Partial only
F. Additional protected information	Full information	Partial information
G. Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
l. Additional protected information	Full information	Partial information

☐ Check this box if you are attaching a separate sheet listing additional information for Respondent.

Check this box if you are attaching a separate sheet listing additional information for Petitioner.

3. Other Parties

Provide the complete version of protected information and the redacted version included in documents you file. Provide as much information about other parties as you can.

ne		
First	Middle	Last
Protected information type	Complete information (See Rules 16.602 and 16.604)	
A. Social security number	 XXX-XX-XXXX	Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers	 XXX-XX-XXXX	Last four digits only
D. Personal identification numbers (if no social security number)	Full number	Partial only
E. Other unique identifying numbers	Full number	Partial only
F. Additional protected information	Full information	Partial information
G. Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
l.		

Partial information

4. Children

Additional protected information

Provide the complete version of protected information and the redacted version included in documents you file.

A.	Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

Full information Check this box if you are attaching a separate sheet listing additional information for other parties.

B.	Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

C.	Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 <i>XXX-XX-XXXX</i>	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

D.	Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 <i>XXX-XX-XXXX</i>	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

E.	Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
	(1) Child's full name	First, middle, last name	Child's initials
	(2) Social security number	 XXX-XX-XXXX	Last four digits only
	(3) Date of birth	/ / mm/dd/yyyy	Year only

[☐] Check this box if you are attaching a separate sheet listing additional children.

5. Information provided	ormation	provided	by
-------------------------	----------	----------	----

	/s/		
Handwritten signature of Petitioner or attorney if filing in paper	Electronic signa	ture of Petitioner ically	r or attorney
Law firm, if applicable			
Mailing address	City	State	ZIP code
() Phone number			
Email address	Additional email ad	ldress, if applicat	ole
Month Day Year Date signed			

Rule 17.400—Form 412: Joint Statement to Disestablish Legal Parent

- The parties use this form if both parties want the court to find that one of the parties is not a legal parent of the child.
- This form tells the court that both parties agree that one party is not a **biological parent** and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the lowa District Court for	County where your case is filed
	County where your case is fred
Upon the Petition of	Equity case no
Petitioner Full name: first, middle, last and concerning	Joint Statement to Disestablish Legal Parent
Respondent Full name: first, middle, last	_
1. Legal Parent is a legal Petitioner's or Respondent's name following child or children:	parent but not a biological parent of the

List each child's initials and birth year

Initials only: First, middle, & last initials of each child	Birth <u>vear</u>
(1)	
(2)	
(3)	

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(4)	
(5)	
(6)	

Check this box if you have attached a sheet listing additional children for whom Petitioner or Respondent is not a biological parent.

Rule 17.400—Form 412: Joint Statement to Disestablish Legal Parent, continued

2. Biological Parent

The biological parents, if known, of the children are as follows:

	First,	s only: middle, & last s of each child		
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
3.	Ger	netic Tests		
	A.	We agree to	cooperate with getting any genetic test that the court orders.	
	B.	We understa	and that we may have to pay for any genetic test that the court orders	
	C.	Testing: Check (1) or ((2)	
		(1) Gen	etic tests have not been done.	
			etic tests* have been done and showis not ogical parent.	the
		verified docu	enetic tests: Genetic testing must be done by an accredited laboratory with umentation of the chain of custody, and the laboratory must send the evaluationly to the clerk of court. See lowa Code sections 600B.41 and 600B.41A.	n
4.	Chi	ld Support	Recovery Unit (CSRU)	
(Check o	ne		
,	۹. 🗆	•	oviding services. st give a copy of this Motion to CSRU if it is providing services.	
I	В. 🗆	CSRU is no	ot providing services.	

Rule 17.400—Form 412: Joint Statement to Disestablish Legal Parent, continued

	Best Interests of the Children				
It is	s in the best interests of the child(ren) that				
is f	found not to be a legal parent of the child(re	Petitioner's or Respo n).	ndent's name		
6. I	Request				
W	e ask the court to:				
Appoint a guardian ad litem (an attorney) for the child or children. We understand that we may have to pay the costs of the guardian ad litem.					
B.	Order genetic tests if needed and order tha go for testing. We understand that we may the court orders.				
C.	Find that, if	excluded by gen	etic testing, is r	not a	
	Petitioner's or Respondent's name biological parent of the child or children list disestablish that person as a legal parent of			the court	
7. /	Attorney Help				
	a. Petitioner Check one				
	i. An attorney did not help me prep	are or fill in this pa	per.		
	ii. An attorney helped me prepare o	or fill in this namer			
		n illi ili tillo papei.			
	If you check (2), you must fill in the following				
			Ask the attorney		
	If you check (2), you must fill in the following	ng information:	Ask the attorney State	ZIP code	
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization ()	ng information: Attorney's PIN —	State		
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization ()	Attorney's PIN –	State		
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization ()	Attorney's PIN –	State		
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization (Attorney's PIN — City x number – optional	State Attorney's email		
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization (Attorney's PIN — City x number — optional pare or fill in this paper.	State Attorney's email		
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization (Attorney's PIN — City x number — optional pare or fill in this paper.	State Attorney's email		
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization (Attorney's PIN — City x number — optional pare or fill in this part of fill in this paper. Ing information:	State Attorney's email		
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization (Attorney's PIN — City x number — optional or fill in this paper information: Attorney's PIN — City City	State Attorney's email per. Ask the attorney State	l address	
	If you check (2), you must fill in the following Name of attorney or organization, if any Business address of attorney or organization (Attorney's PIN — City x number — optional our fill in this paper information: Attorney's PIN —	State Attorney's email per. Ask the attorney	l address	

Rule 17.400-Form 412: Joint Statement to Disestablish Legal Parent, continued

8. Oaths and Signatures

A. Petitioner's Oath and Signature have read this Joint Statement, and I certify under penalty of Print your name perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Joint Statement is true and correct. Petitioner's signature" Month Mailing address City State ZIP code Email address Additional email address - if available * Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically. B. Respondent's Oath and Signature , have read this Joint Statement, and I certify under penalty of Print your name perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Joint Statement is true and correct. Month Respondent's signature* City ZIP code Mailing address State Phone number Email address Additional email address – if available

* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.400—Form 413: Motion to Disestablish Legal Parent

- A party uses this form if one of the parties wants the court to find and conclude that one of the parties is not a biological parent of the child and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	In the Iowa District		ounty where yo		County
Upon	Upon the Petition of			se no	
Petitio	Petitioner Full name first, middle, last			on to Disestablish	Legal Parent
and co	oncerning				
Respo	ondent Full name first, m	iddle, last			
Petis	yal Parent tioner's or Respondent's na he following child or chi List each child's initials and Initials only:	me ildren: d birth year	_	not be a biological	
	First, middle, & last	Birth <u>year</u>		rst, middle, & last	Dinthaccan
	initials of each child			itials of each child	Birth <u>year</u>
				itials of each child	Birth <u>year</u>
	initials of each child		in	itials of each child	Birth <u>year</u>

3.

4.

Rule 17.400—Form 413: Motion to Disestablish Legal Parent, continued

2. Biological Parent

The biological parents, if known, of the children are as follows:

F	Initials only: First, middle, & last initials of each child			Biological parents	
(1)				
(:	2)				\Box
(;	3)				
7	4)				
(5)				
7	6)				
Ge	enet	tic Tes	ts		_
A.		l agree	to coop	erate with getting any genetic test that the court orders.	
В.		I unde	rstand th	at I may have to pay for any genetic test that the court orders.	
C.		Testing	g:		
		Check (1) or (2).		
		(1)	Genetic t	tests have not been done.	
		(2)	Genetic t	tests* have been done and showis Petitioner's or Respondent's name	not the
			biologica		
		verified	documen	c tests: Genetic testing must be done by an accredited laboratory with tation of the chain of custody, and the laboratory must send the evalu the clerk of court. See lowa Code sections 600B.41 and 600B.41A.	
		• •	ort Reco	overy Unit (CSRU)	
	eck o				
A.	Ш		-	ling services. ve a copy of this Motion to CSRU if it is providing services.	
В.				oviding services.	

Rule 17.400—Form 413: Motion to Disestablish Legal Parent, continued

5.	Best	Interests of the Children
	It is ir	the best interests of the child(ren) that
	is fou	Petitioner's or Respondent's name and not to be a legal parent of the child(ren).
6.	Requ	est
	l ask	he court to:
		point a guardian ad litem (an attorney) for the child or children. I understand that I ay have to pay the costs of the guardian ad litem.
	g	der genetic tests if needed and order that Petitioner, Respondent, and children for testing. I understand that I may have to pay for any genetic test that the urt orders.
	bi	nd that, if excluded by genetic testing, is not a **Petitioner's or Respondent's name** **Dogical parent of the child or children listed in section 1 above, and that the court sestablish that person as a legal parent of the child or children.
7.	Atto	ney Help
	Check	ne
	A. [An attorney did not help me prepare or fill in this paper.
	В. [An attorney helped me prepare or fill in this paper. If you check B, you must fill in the following information:
		Name of attorney or organization, if any Attorney's PIN – Ask the attorney
		Business address of attorney or organization City State ZIP code
		(
	Party'	or attorney's mailing address City State ZIP code

Page 4 of 4

Rule 17.400—Form 413: Motion to Disestablish Legal Parent, continued

I,	,	certify that on		, 20
Print your name		Month	Da	y Year
I mailed or gave a copy of	this Motion to the otl	ner party or the other party	's attorney a	at this address
Name of person to whom I do	elivered or mailed it			
Oath and Signature				
•				
l,		certify under penalty of perju	ury and purs	uant to the
•		certify under penalty of perju	ury and purs	uant to the
I, Print your name laws of the State of lowa th				
l,Print your name				
I, Print your name laws of the State of Iowa th Motion is true and correct.				
I, Print your name laws of the State of lowa th				
I,Print your name laws of the State of Iowa th Motion is true and correct. Signed on:	at I have read this Mo	tion and that the information		
I,	at I have read this Mo Day, 20 Year	tion and that the information Your signature*		
I, Print your name laws of the State of Iowa th Motion is true and correct. Signed on:	at I have read this Mo Day, 20 Year	tion and that the information	n I have prov	ided in this

Rule 17.400—Form 413

the form after signing it and then file electronically.

August 2019

Respondent: You must file an Answer in the county where the Petition was filed within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against Respondent** giving Petitioner what he or she asked for in the Petition.

- Read the <u>Guide to Representing Yourself in an Iowa Custody and Visitation Case (Parents not Married)</u> on the Iowa Judicial Branch website before using this form.
- Use this Answer form 415 if you received Petition form 401, otherwise use form 416.
- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411) if you have not already done so.
- If filing in paper, you may use form 411.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for County of	where the other parent filed the P	County Petition
Upon the Petition of	Equity case no.	
Petitioner first, middle, last The other parent's full name	Answer to Petition Visita	
and concerning		
Respondent first, middle, last Your full name		
1. Personal Information Fill in all information th	nat you know.	
 A. Petitioner's information	vear and present residence are	e correct in the Petition.
Present street address	City	State ZIP code
County () Telephone number	Email address	

2.

Rule 17.400—Form 415: Answer to Petition for Custody and Visitation, continued

Check of		nformation					
If parag	graph 1B of	the Petition (form	401) is not cor	rect, check (2) and	fill in the bla	nks.	
(1)	Respond	ent's (your) birth y	year and pres	sent residence ar	e correct in th	ne Petitio	on.
(2)	Respond	ent's birth year ar	nd present re	sidence are not c	orrect in the I	Petition.	
	The corre			_			
			Birth year				
	Present st			•		State	ZIP code
	County	() Telephoi	ne number	Email address			
Fill in a	is much info			custody rights o	f the parties	' childre	en:
		the Petition (form	401) is not cor	rect. check (2) and	l fill in the bla	nks.	
	The infor	mation for the oth	er person wh		•		Э
(2)						nts of the	е
	Full name	: first. middle. last					
		reet address		City		State	ZIP code
	Present st	reet address	1	·		State	ZIP code
		reet address	ne number	City Email address		State	ZIP code
eneral	Present st	reet address		Email address	en	State	ZIP code
Childre	Present st County Information	reet address () Telephoi	Parties a	Email address			
Childre Check of If parag	Present st County Information en one graph 2A of	reet address () Telephone tion about the the Petition (form	Parties au	Email address nd the Childre	l complete seci	tion A(2).	
Childre Check of If parag	County Information one graph 2A of	reet address () Telephoid tion about the the Petition (form Petition provides t	Parties au 401) is not conthe correct interest.	Email address Ind the Childre Frect, check (2) and Formation about t	l complete sect he parties an	tion A(2). d childre	en.
Childre Check of If parag	Present st County Information en one graph 2A of The I Comp	reet address () Telephore tion about the The Petition (form Petition provides to the Petition does not polete section A(2) be	Parties as 401) is not contained the correct information of the color. If necessary	Email address and the Childre brect, check (2) and formation about the correct information sary, provide an expense.	d complete sections and the parties and the parties and the parties and the parties are the parties and the parties are the pa	tion A(2). d childre arties an ection 4 l	en. d children. below.
Childre Check of If parag	County Information one graph 2A of	reet address () Telephore tion about the The Petition (form Petition provides to the Petition does not polete section A(2) be	Parties as 401) is not continued the correct information of the color	Email address and the Childre brect, check (2) and formation about to	d complete sections and the parties and the parties and the parties and the parties are the parties and the parties are the pa	tion A(2). d childre arties an ection 4 l	en. d children. below.
Childre Check of If parag	Present st County Information en one graph 2A of The I Comp	reet address () Telephoi tion about the the Petition (form Petition provides to Petition does not polete section A(2) book There are childr Petitioner and R	Parties as 401) is not contact interprovide the correct interprovide interpr	Email address and the Childre brect, check (2) and formation about the correct information sary, provide an expense.	d complete sections and about the parties and about the parties in subject to the parties of the complete section in subject to the complete section in subject to the complete section in subject to the complete section in subject to the complete section in subject to the complete section in subject to the complete section in subject to the complete section in the	tion A(2). d childre arties an ection 4 t	en. d children. below. both
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	Other Fill in a Check of If parage (1)	(2) Respond The corres Present st County Other person, if Fill in as much information children (2) The information children	(2) Respondent's birth year are The correct information is: Present street address	(2) Respondent's birth year and present re The correct information is: Birth year Present street address County Telephone number Other person, if any, who has visitation or of the person information as you know. Check one If paragraph 1C of the Petition (form 401) is not continued information for the other person when children is correct in the Petition. (2) The information for the other person when children is not correct in the Petition.	(2) Respondent's birth year and present residence are not of the correct information is: Birth year	(2) Respondent's birth year and present residence are not correct in the The correct information is: Birth year City County Telephone number Email address Check one If paragraph 1°C of the Petition (form 401) is not correct, check (2) and fill in the blant (1) The information for the other person who has visitation or custody right children is correct in the Petition. Check one If paragraph 1°C of the Petition (form 401) is not correct, check (2) and fill in the blant (3) The information for the other person who has visitation or custody right children is correct in the Petition. The correct information is:	Present street address City State County Telephone number Email address Other person, if any, who has visitation or custody rights of the parties' children is correct, check (2) and fill in the blanks. (1) The information for the other person who has visitation or custody rights of the children is correct in the Petition. (2) The information for the other person who has visitation or custody rights of the children is not correct in the Petition. The correct information is:

B.	Identification of children							
	If paragraph 2B of the Petition (for about the children's identification.	rm 401) is n	ot correct, o	check (2) an	d provide th	ne correct in	formation	
	(1) The children are identifi	ed correctl	y in the Pe	tition.				
	(2) The children are not ide	ntified corr	rectly in the	e Petition.	The correc	t informatio	on is:	
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)	
	First, middle, & last initial							
	Birth year							
	☐ Check this box if you	are attachir	ng a separat	e sheet listii	ng additiona	al children.		
C.	Legal parents Check one							
	If paragraph 2C of the Petition (for about the legal parents of the child		ot correct, o	check (2) an	d provide th	ne correct in	formation	
	(1) The legal parents of th	e children	are identifi	ed correctly	in the Pet	tition.		
	(2) The legal parents of the information is:	e children a	are not ider	ntified corre	ectly in the	Petition. T	he correct	
	For each child of the parties, state testing or paternity affidavit, check						hed by gene	tic
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)	
	Legal parents established?							
	Yes							
	No							
	Unknown							
	If established, state how:							
	Prior court order							
	On birth certificate							
	Other (explain in section 4)							

 D. Children's living arrangemen 	ents
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Check o	one						
	graph 2D of th he children's r		n 401) is not co	orrect, check (2	2) and provide	the correct in	formation
(1)	The informa	ation about wh	here the child	ren have lived	d is listed corr	ectly in the F	Petition.
(2)		ation about wi information is	here the child s: <i>List chil</i>	ren have lived Idren by initial		correctly.	
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
i.	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
ii.	Children's initials						
	Lived with		Adult Name		Ci.	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
iii.	Children's initials	, ,	, ,	, ,	, ,	, ,	• •
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
iv.	Children's initials	•					•
	Lived with		Adult Name		Ci.	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
V.	Children's initials	` '	, ,	()		,	()
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		

☐ Check this box if you have attached a separate sheet listing additional children or addresses.

Note: If the children have been in Iowa for less than six months, the court may not be able to issue an order about custody or visitation. The rules are complicated, and you may need to talk to an attorney.

E.				ent's status
		eck c		
				n 2E of the Petition (form 401) is not correct, check (2) and provide the correct information ndent's status.
	(1)		The	e information about Respondent's status is listed correctly in the Petition.
	(2)		The	e information about Respondent's status is not listed correctly. The correct information
				Respondent (you are Respondent) is in the military service. There are special rules that may prevent this custody and visitation case from going forward if you are in the military. You should talk to an attorney.
				Respondent is in prison or jail atin Name of facilityin State
				If you are in prison or jail, you may be entitled to a "guardian ad litem," a person, usually an attorney, appointed to protect the interests of a parent in some cases.
F.	Р	rote	ctiv	e or no contact order
	Che	eck o	ne	
				n 2F of the Petition (form 401) is not correct, check (2) and provide the correct information abou 's status.
	(1)			e information about a "protective order" or "no contact order" is listed correctly in the tition.
	(2)			e information about a "protective order" or "no contact order" is not listed correctly. The rrect information is:
				There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (the other parent).
				There is a "protective order" or a "no contact order" between Respondent and Petitioner.
				If there is a "protective order" or a "no contact order," fill in the following information:
			a.	County and state where the order came from:
				County State
			b.	Court case number:
3.			r Ca A <i>or</i>	ases about the Children
P	۸. 🗆	CO	rrec	
		Ify	юи с	heck A, skip to 4.
В	. 🗆	ab [f] (1)	out ou c	or all of the information in section 3 in the Petition on other cases the children is not correct. The correct information is: heck B, fill in the correct information below. wenile court
				or b.
		a.		There is no juvenile court case.

1 01111	415:	5: Answer to Petition for Custody and Visitation, continued	
b.	□ If y	There is a juvenile court case. The correct information is: you check b, fill in the following information:	
	i.	County and state of the juvenile court case: County	State
	ii.	Court case number:	
		Check one	
		(a) Concurrent jurisdiction has been granted.	
		(b) Concurrent jurisdiction has not been granted.	
		Note: If the juvenile court has not given concurrent jurisdiction (permiss child custody cannot be decided in this case. You should talk to an attor	
(2)		Custody order Check a or b.	
a.		There is no custody order.	
b.		There is a custody order.	
	If y	you check b, fill in the following information:	
	i.	County and state where the custody order came from:	State
	ii.	Court case number:	
(3)		Child support order Theck a or b.	
a.		There is no child support order.	
b.		There is a child support order.	
	Ify	you check b, fill in the following information:	
	i.	County and state where the child support order came from: County	State
	ii.	Court case number:	
	iii.	List the children the support case covers (initials only):	
onde	nt o	mation denies anything in the Petition that Respondent has not agreed is con Respondent provides the following information: All of the basic information	
		is on this form. Provide other information only if you need to explain something.	- you need

5.	Respo Che	ondent's Request ndent asks the court to: ck all that apply. The court will only consider items the to an attorney.	nat are checked	d. If you do not know what you want,
	A. 🗆	Decide custody and visitation.		
	B . □	Establish legal parent.		
	C . □	Order child support and medical support.		
	D . □	Order that Petitioner pay the court fees.		
	E . □	Order that Petitioner pay for Respondent's	attorney's fe	es
	F. 🗆	Other request:		
6.	Attorr Check of	ney Help		
	A	An attorney did not help me prepare or fill in An attorney helped me prepare or fill in this If you check B, you must fill in the following informat	paper.	
		Name of attorney or organization, if any		Attorney's PIN – Ask attorney
		Business address of attorney or organization	City	State ZIP code
		() Attorney's phone no. () Attorney's fax no. – optional	Attorney's en	nail address – optional
7.		ce Instructions condent is filing in paper ne		
	A . 🗆	Respondent will accept service of document or	s at the atto	rney's address listed above;
	B. □	Respondent will accept service of document below.	s in this cas	e at the mailing address
		Continued on	next page	;

ay Yea attorney at t
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Important Instructions for filing this form on next page.

Instructions for Rule 17.400—Form 415: Answer to Petition for Custody and Visitation

Do not file these instructions

Instructions for Filing an Answer to a Petition for Custody and Visitation

The Iowa Judicial Branch uses an electronic court system known as the eFile System. You must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Answer electronically

- You must register to file electronically. For help, see the <u>eFile User Guide</u> and the instructions on the <u>eFile Instructions page</u> on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you file electronically.)
- Log in to the eFile System on the Iowa Judicial Branch website and file your Answer.
- The login page can be accessed from two different paths: you may <u>directly log in to eFile</u>; or from the judicial branch website menu, you may select "eFile Login."
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your
 eFile account. Log into My Filings, correct the error, and resubmit your filing. For help, see
 Resubmitting a Returned Filing.
- The Notice of Electronic Filing will indicate if the other parent is exempt from electronic filing
 requirements, in which case, you must mail or serve in paper a copy of the document on the other
 parent if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 401).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- · Keep one of the copies for your records.
- Serve one of the copies of your Answer on the other parent (Petitioner).
- You can hand one of the copies of the Answer form to the other parent, or mail a copy to the other
 parent at the address shown on the Petition.
- If the other parent has an attorney, you should serve the Answer by mailing a copy to the attorney
 at the attorney's address on the Petition if box 7A on the Petition is checked.

Do not file these instructions

Respondent: You must file an Answer in the county where the Petition was filed within 20 days after receiving the Petition and Original Notice, or the court may enter a judgment against you giving the Petitioner what he or she asked for in the Petition.

If the Petition you received is on form 401, use form 415 for your Answer.

Read the Guide to Representing Yourself in an Iowa Custody and Visitation Case (Parents not Married) on the Iowa Judicial Branch website before using this form.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411).
- If filing in paper, you may use form 411 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for	County County where the Petition was filed
Upon the Petition of	Equity case no.
Petitioner The other parent's full name: first, middle, last	General Answer to a Petition for Custody and Visitation
and concerning	
Respondent Your full name: first, middle, last	
A. Respondent's Answer You are Respondent A. Respondent admits that the following partial List the numbers of the paragraphs in the Petitic the paragraphs you list here are not true, it may	aragraphs in the Petition are true: on that you think are true. If you decide later that
A. Respondent admits that the following partial List the numbers of the paragraphs in the Petitic the paragraphs you list here are not true, it may be a Respondent denies that the following partial Respondent denies den	aragraphs in the Petition are true: on that you think are true. If you decide later that be too late to change your answer. aragraphs in the Petition are true:
A. Respondent admits that the following partial List the numbers of the paragraphs in the Petitic the paragraphs you list here are not true, it may	aragraphs in the Petition are true: on that you think are true. If you decide later that be too late to change your answer. aragraphs in the Petition are true:

D. Children's living arrangements

Places where the children have lived during the last five years and the parent(s) or adult(s) who acted as parents:

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(1)	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(2)	Children's initials		(2)	(2)	()	(2)	
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(3)	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(4)	Children's initials	• •	, ,	•	, ,	, ,	, ,
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
	1	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(5)	Children's initials		, , ,	· · · · · · · · · · · · · · · · ·	, ,	,	
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		

 $\begin{tabular}{ll} \hline & Check this box if you have attached a separate sheet listing additional children. \\ \hline \end{tabular}$

Note: If the children have not lived in Iowa for six months, you might not be able to get custody. The rules are complicated and you may need to talk to an attorney.

Ε.		tive or no contact orders
	Check	one
	(1)	There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (the other parent).
	(2)	There is a "protective order" or "no contact order" between Respondent and Petitioner.
		If you check (2), fill in the following information:
		a. County and state where the order came from:
		County State
		b. Court case number:
F.	Other	cases about the children
	Check	(1) or (2)
	(1)	There are no other cases about the children. If you check (1), skip to G.
	(2)	There are other cases about the children.
		e is an order from out of state about the children, an Iowa court may not be able to issue an about custody or visitation. The rules are complicated and you may need to talk to an ev.
		heck F(2), fill in the applicable information below.
	a. Ju	venile court
	Ch	eck i or ii.
	i.	☐ There is no juvenile court case.
	ii.	☐ There is a juvenile court case.
		If you check ii, fill in the following information:
		(a) County and state of the juvenile court case:
		County State
		(b) Juvenile court case number:
		Check (i) or (ii)
		(i) Concurrent jurisdiction has been granted.
		(ii) Concurrent jurisdiction has not been granted.
		Note: If the juvenile court has not given concurrent jurisdiction (permission,) then child custody cannot be decided in this case. You should talk to an attorney.
		ustody order
		ou might not be able to get custody in Iowa if there is a custody order entered in another state. eck i or ii.
	i.	☐ There is no custody order.
	ii.	☐ There is a custody order. If you check ii, fill in the following information:
		(a) County and state where the custody order came from:
		County State
		(b) Court case number:

	C.		upport order				
		Check i	or ii.				
		i. 🗖	There is no child sup	pport order.			
		ii. 🔲	There is a child supp	port order.			
		If you c	eck ii, fill in the follow	ving information:			
		(a)	County and state whe	ere the child support or	der came from:	County	State
		(b)	Court case number:				
				in the Petition that	is not admitt	ed in this Ans	wer.
Н.	Ot	her info	mation:				
_							
_							
_							
_							
 2. Re	esp	onden	's Request If yo	ou do not know what y	ou want, talk to	an attorney.	
Re	spo	ondent a	sks the court to: W	ou do not know what y Trite here what you wo Sitation. Be brief. Do	uld like the cour	t to do. For exan	nple, tell the
Re	spo	ondent a	sks the court to: W	rite here what you wo	uld like the cour	t to do. For exan	nple, tell the
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Re	spo	ondent a	sks the court to: W	rite here what you wo	uld like the cour	t to do. For exan	nple, tell the
Re	spo	ondent a	sks the court to: W	rite here what you wo	uld like the cour	t to do. For exan	nple, tell the

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			-		•								
В	. L		An attorney he If you check B, y	•		•							
			Name of attorney	y or org	ganizatio	n, if any			Atto	rney's Pl	IN – A	Ask attori	геу
			Business address	s of atto	orney or	organizat	ion	City		Si	tate	ZIP co	de
			()_ Attorney 's phone	e no.	(Attorne	y's fax no	0. – optional	Attorney	's email ac	ddress – d	optiona	ıl	
S	er	vic	e Instructio	ns									
lf	Re	esp	ondent is filing	g in pa	per								
	hec			حجم الن						- al al va o o	linta	يرم جام ام	
А			Respondent w		-				-				
В	. [Respondent w	ill acce	ept serv	ice of do	cuments	in this cas	e at the	mailing	addr	ess bel	WC
			cation of Se						mnt from a	lectronic	c filin	o	
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See TW I,_ I a a a a a a a a a a a a a a a a a	Primal Pr	inty of illections of the control of	to be completed ument, if filed electrons name dor gave a consistency of attorney's main and Signaturour name ry and pursua answer is true m.: Month	py of to the ling add re	filing in ally, will his Ans red or m dress he laws	paper or automatic swer to to the state of t	if the other particular to the	party is exerved on regineratify that of party or the City d this Ansowa that the Court of the City	wer, and	party's a	attor	Day ney at t ZIP co	his ode
See TV $I_{1,\underline{}}$ $I_{1,$	Primai ddro Primai ddro Primai ddro Primai ddro Primai f pearty Oat	on 5 document your services of the service of the s	to be completed ument, if filed electrons name dor gave a consistency of attorney's main and Signaturour name ry and pursua answer is true m.: Month	py of to the ling add re	filing in ally, will his Ans red or m dress he laws orrect	paper or automatic swer to to the state of t	the other cally be ser cally be ser he other cally be ser he other call the other	party is exerved on regineratify that comparty or the comparty or the comparty of the comparty	wer, and	oarty's a	State	, 20 Day ney at t ZIP code	nalt led

Instructions for Rule 17.400—Form 416: General Answer to a Petition for Custody and Visitation

Instructions for Filing an Answer to a Petition for Custody and Visitation

The Iowa Judicial Branch uses an electronic filing court system known as the eFile System. You must file electronically unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Answer electronically

- You must register to file electronically. For help, see the <u>eFile User Guide</u> and the instructions on the <u>eFile Instructions page</u> on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when
 you file electronically.)
- Log in to the eFile System on the Iowa Judicial Branch website and file your Answer.
 The login page can be accessed from two different paths: you may <u>directly log in to eFile</u>; or from the judicial branch website menu, you may select "eFile Login."
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of your Answer
 and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your eFile
 account. Log into My Filings, correct the error, and resubmit your filing. For help, see <u>Resubmitting a</u>
 <u>Returned Filing</u>.
- The Notice of Electronic Filing will indicate if the other parent is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on the other parent if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where
 the Petition was filed. The county is listed at the top of the Petition.
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on the other parent (Petitioner).
- You can hand one of the copies of the Answer form to the other parent, or mail a copy to the other parent at the address shown on the Petition.
- If the other parent has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address.

Do not file these instructions

August 2019

Instructions for Rule 17.400—Form 416

Page 1 of 1

[Court Order July 19, 2019, effective September 1, 2019]

Rule 17.400—Form 421: Affidavit for Temporary Custody and Visitation

Form 421 is for either party to tell the court about custody and visitation before the case is finished, or to have a witness tell the court about custody and visitation before the case is finished.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the lowa District Court for	ounty where the case is filed
Upon the Petition of	Equity case no. Affidavit for Temporary Custody and
Petitioner Full name as it appears on the Petition: first, middle, last	Visitation
and concerning	
Respondent Full name as it appears on the Petition: first, middle, last	
1. Statement	
A. My name is ${Full \text{ name of witness: first, middle, la}}$	st
B. My relationship to	rty; or initials of child (Do not use child's full name.)
is:	
C. I understand that a judge may consider the visitation of the children in this case. If I value Attach additional pages if necessary.	nis Affidavit to determine temporary custody and were present in court, I would testify as follows:
☐ Check here if there are additional pages attac	hed.
Continue	ed on next page

Rule 17.400—Form 421: Affidavit for Temporary Custody and Visitation, continued

B.		An attorney he If you check B, y		•	•	•			
		Name of attorne	y or organizati	ion, if any		Atto	orney's PIN -	- Ask the	attorney
		Business addres.	s of attorney or	r organizat	ion	City		State	ZIP cod
		, ,	,	`					
		()	e no Attori	nev's far n) _ optional	Attorney's em	ail address_	ontional	
		() Attorney's phone	e no. Attorr	ney's fax n). – optional	Attorney's em	ail address –	optional	
Oá	ath a). – optional	Attorney's em	ail address –	optional	
Oá		and Signatuı	re of Witne	ess					
Ι,		and Signatuı	re of Witne	ess,	certify unde	er penalty of	perjury and	pursua	nt to the
I,_ lav	ws of	and Signatur	re of Witne	ess,	certify unde	er penalty of	perjury and	pursua	nt to the
I,_ lav in 1	ws of	and Signature the State of lo	re of Witne wa that I hav and correct.	ess , ve read th	certify unde	er penalty of and that the i	perjury and	pursua	nt to the
I,_ lav in 1	ws of	and Signature the State of lo	re of Witne wa that I hav and correct.	ess , ve read th	certify unde	er penalty of and that the i	perjury and	pursua	nt to the
I,_ lav in 1	ws of	and Signatur	re of Witne wa that I hav and correct.	ess , ve read th	certify unde	er penalty of and that the i	perjury and	pursua	nt to the
I,_ lav in t	ws of this A	the State of loth	re of Witne wa that I hav and correct.	ve read th	certify unde	er penalty of and that the i	perjury and	pursua	provided
I,_ lav in t	ws of this A	and Signature the State of lo	re of Witne wa that I hav and correct.	ve read th	certify under it a significant of the significant o	er penalty of and that the i	perjury and information	pursua I have	provided
I, lav in 1 Sig	ws of this A gned o	the State of loth	wa that I have and correct.	ve read th	certify under it a significant of the significant o	er penalty of and that the i	perjury and information	pursua I have	provided

 $\bullet \ \ \textit{If the witness is either Petitioner or Respondent in this case, attach the \textit{Affidavit to your Motion (form 422)}. \\$

Rule 17.400-Form 422: Motion in a Custody and Visitation Case

Use this form if you want to ask the court to do something after your court case has already started.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court fo	County where your case is filed County
Upon the Petition of	Equity case no.
Petitioner Full name: first, middle, last	Motion in a Custody and Visitation Case
and concerning	
Respondent Full name: first, middle, last	
l am Check one	
A. PetitionerB. Respondent	
 (1) Change the hearing date that has (2) Order temporary custody and visit (3) Order temporary child support and (4) Set a hearing date for a Custody and (5) Award me attorney's fees before 	Month Day Year tation. d medical support. and Visitation Order by default.
B. I am making the request(s) in this Mot	ion because:

Rule 17.400—Form 422: Motion in a Custody and Visitation Case, continued

	Check o	ney Help one					
			ot help me prepare	or fill in this paper.			
		An attorney help	ed me prepare or fill must fill in the following	in this paper.			
		Name of attorney or	organization, if any		ttorney's PIN – A	1sk the	attorney
		Business address of	attorney or organization	City		State	ZIP code
		()	Attorney's fax no.	optional Attorney's e	mail address – opi	tional	
3.	Section This do	3 to be completed only cument, if filed electro	ce by Mailing or E y if filing in paper or if the onically, will automatical	he other party is exempt lly be served on register	red parties.		
	l,		, ce	rtify that on		,	20
	Print	your name		Month	Day	,	Year
		f person to whom I de or attorney's mailing		- City		ate	ZIP code
4	Oath	and Signature					
4.		_	, ce	rtify under penalty of	f periup, and p		
٠.	1					ursua	nt to the
٦.	l,	your name	, 00	itily under penalty of	i perjury and po	ursua	nt to the
₹.	Print laws o	your name f the State of Iowa	that I have read this N	Motion and that the i			
4.	Print laws of this Mo	your name f the State of lowa otion is true and co	that I have read this N	Motion and that the i			
•	Print laws o	your name f the State of lowa otion is true and co	that I have read this N	Motion and that the i			
7.	Print laws of this Mo	your name f the State of lowa otion is true and co	that I have read this Marrect. I ask the court	Motion and that the in to grant this Motion. Your signature*			ovided in
•	Print laws of this Mo	your name f the State of lowa on: Month address	that I have read this Norrect. I ask the court of the cou	Motion and that the into grant this Motion. Your signature*	nformation I ha	ZIP o	ovided in

Rule 17.400—Form 423: Response to a Motion in a Custody and Visitation Case

Use this form if the other parent has filed a Motion (most likely form 422) and you disagree with what the other parent is asking the court to do in that Motion.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the lowa District Court for	County where your case is filed
Upon the Petition of	Equity case no.
Petitioner Full name: first, middle, last	Response to a Motion in a Custody and Visitation Case
and concerning	
Respondent Full name: first, middle, last	
I am Check one A. Petitioner B. Respondent	
1. Motion	
The other party filed a Motion on	, 20
Month 2. Response Check A or B.	Day Year
A. 🗌 I agree with the Motion.	
B. I disagree with the request(s) in the If you check B, check all of the following the in C why you disagree with the request.	Motion to: at apply. If you check any box in B, you must tell the court
(1) Change the hearing date that ha	
(2) Order temporary custody and vi	· ·
(3) Order temporary child support a	
(4) Set a hearing date for a custody	• •
(5) Award attorney's fees before the	e custody and visitation case is final.

Rule 17.400—1	Form 4	423: Response to a Motion in a Custody and Visitation Case, continued
(6)		Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
(7)		Other request Explain
C. Id	isag	ree with the Motion because:
_		
_		
_		
_		
_		
_		

Rule 17.400—Form 423: Response to a Motion in a Custody and Visitation Case, continued

3.		torr	ney Help ne						
			An attorney did	not help me	prepare o	or fill in this pap	er		
			An attorney help				O1.		
	٥.		If you check B, you						
				v	, ,	•			
			Name of attorney o	r organizatior	ı, if any		Attorney's PI	N – Ask the	attorney
			Business address o	f attorney or o	rganization	City		State	ZIP code
			()	()				
			() Attorney's phone n	o. Attorn	ey's fax no	optional Attorne	y's email addres	S – optional	
4.	Ce	ertif	ication of Serv	rice by Mai	iling or D	elivery			
	Sec	ction	3 to be completed or	nly if filing in p	aper or if th	e other party is ex		onic filing.	
	Thi	is doc	cument, if filed electr	onically, will	automaticali	y be served on reg	ristered parties.		
	I.				, cei	tify that on			20
	~	P	rint your name		 ,	Moi	nth	Day	Year
	۱r	naile	ed or gave a copy	of this Mot	ion to the	other party or t	he other party	's attorne	y at this
	ac	dre	ss:						
	Na	me o	f person to whom I d	lelivered or ma	iiled it				
			•						
	Pa	rty's	or attorney's mailin	g address		City		State	ZIP code
_									
5.	Oá	ath a	and Signature						
						4:£			
	',_ F	rint	your name		, cei	tify under pena	alty of perjury	and purs	uant to the
			f the State of low	a that I hav	e read this	Motion and th	at the informa	ation I hav	/e
	pro	ovide	ed in this Motion	is true and	correct. I a	sk the court to	grant this Mo	tion.	
	Sia	ned o	722 °	20	1				
	υig	neu	Month	\overline{Day} , Zo	<u>Year</u>	Your signature	*		
	\overline{Mo}	nilino	address		City		State	ZIP	code
	1,10				<i></i>		25000	211	
	<u>(</u>		_)		1 11		4.1.1:4: 1	1 11	:6 :1.11
	Ph	one n	umber	Emai	l address		Additional emai	ı adaress –	ıj avaılable
*	Wh	othor	filing electronically or	r in naner vous	must handwei	e vour signature on	this form If you	are filina ele	ctronically
			form after signing it a			e your signului e On	нью јони. 1ј уои (are jung ete	сы описшиу,

Rule 17.400—Form 424: Custody and Visitation Financial Statement

Caution: This form may require you to provide protected or sensitive information. Each party must complete one of these forms.

🚨 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411) if you have not already done so.

If filing in paper, you may use form 411 to provide any protected information in full if you have not already done so.

In the Iowa District Court for_	County where the case is filed
Upon the Petition of Petitioner first, middle, last Full name of Petitioner and concerning Respondent first, middle, last Full name of Respondent	Equity case no Custody and Visitation Financial Statement of Check one Petitioner Respondent
I am Check one A. ☐ Petitioner B. ☐ Respondent I,, Print your name of my assets, debts, and present inc. 1. My income	state that this is a true and complete statement ome as of the ${Day}$ day of ${Month}$, ${Year}$

*How often is income paid?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

A. Current income from employment	Gross ii	ncome	Net income	
and other sources Sources of income, not required to list name of employer	How often?* W,B,M,T	Gross amount Before taxes	How often?* W,B,M,T	Net amount After taxes
(1) Wages from employer				
Job:		\$		\$
Title:				
(2) Wages from employer				
Job:		\$		\$
Title:				
(3) Other income				•
Describe source:		\$		\$

Rule 17.400—Form 424: Custody and Visitation Financial Statement, continued

Total income for you from employment and other sources	Total gross income	\$ Total net income	\$
(5) Other income Describe source:		\$	\$
(4) Other income Describe source:		\$	\$

B. Deductions allowed for child support calculations				
Tax status				
I have custody of the children in this case Check Yes or No	☐ Yes	s 🗌 No		
(1) Number of exemptions Yourself Guidelines allow one exemption for parent	1			
Children				
(2) Income tax withheld Federal		\$		
State		\$		
(3) FICA Social Security & Medicare		\$		
(4) Mandatory pension contribution				
(5) Mandatory occupational license fees		\$		
(6) Union dues		\$		
(7) Prior court-ordered child support Paid to:		\$		
Paid to:		\$		
Paid to:		\$		
(8) Prior court-ordered medical support Paid to:		\$		
Paid to:		\$		
Paid to:		\$		
(9) Prior court-ordered spousal support (alimony) Paid to:		\$		
(10) Actual child care expenses due to employment custodial parent	only	\$		
Total deductions		\$		

Check this box if you have attached a sheet with additional information on your income and deductions.

Rule 17.400-Form 424: Custody and Visitation Financial Statement, continued

2.	So	cia	l Se	ecurity Disability (SSD):					
	Α.	SS	SD b	penefits paid to you						
		(1)	Ar	nount paid for your expen	ses		\$		p	er month
		(2)	Ве	nefit paid for each child in	your hon	ne	\$		p	er month
			a.	Number of children recei	ving bene	efits		children		
			b.	List the children in your h	nome who	receive S	SSD bene	fits Use i	nitials only	,
					Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
				First, middle, & last initials						
				Birth year						
	B.	Be	nefi	Check this box if you hav and receive Social Securits paid to other person ch	ity Disabilit	y (SSD).		l children w	ho live in y	our home
		(1)	Ве	nefit paid for each child in	other pe	rson's hor	ne \$		pe	er month
		(2)	Nu	mber of children receiving	g benefits			chi	ldren	
		(3)		t the children who receive initials only:	SSD ber	efits but l	ive with so	omeone o	ther than	you.
					Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
				First, middle, & last initials						
				Birth year						
				Check this box if you hav and receive Social Securi			g additiona	l children w	ho live in yo	our home

Rule 17.400-Form 424: Custody and Visitation Financial Statement, continued

3. Qualified Additional Dependent Deduction

- List the initials and birth year of each child you are the legal parent of.
- Do not include any children covered by the child support order involved in this case.

			Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)	
	Firs	t, middle, & last initials							
	Birtl	n year							
	Check this box if you have attached a sheet listing additional children for the qualified additional dependent deduction.								
4. Extrao	rdinar	y Visitation For none	custodial pa	rent only					
	(1) Number of court-ordered overnights in a year If this number exceeds 127 days per year, provide a copy of the court order containing the visitation provisions.								
(2)	(2) Physical care Check one								
	a. The court ordered equally shared physical care for the children.								
	If the court ordered equally shared physical care for the children, the extraordinary visitation credit does not apply.							y	
	b. 🗌	The court did not orde	r equally s	hared phys	sical care f	or the child	ren.		

Rule 17.400—Form 424: Custody and Visitation Financial Statement, continued

5. My expenses

List your living expenses

*How often paid?: W= Weekly B= Bi-weekly (every other week) M= Monthly T= Two times a month A= Annually

Type of expense	Paid to	How often paid?* W,B,M,T,A	Monthly payment		
(1) House payment or rent			\$		
(2) Food At home & restaurants			\$		
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$		
(4) Clothing			\$		
(5) Medical, dental Not health insurance payments— see (10).			\$		
(6) Utilities (gas, electric)			\$		
(7) Phone			\$		
(8) Cable / satellite television / internet			\$		
(9) Car insurance payment			\$		
(10) Health insurance payment			\$		
(11) Credit card payments			\$		
(12) Car loan payments			\$		
(13) Other loan payments			\$		
(14) Other expense Identify:			\$		
(15) Other expense Identify:			\$		
(16) Other expense Identify:			\$		
(17) Totals from attached sheets, if any Check this box if you have attached a sheet	et with additional information on	your expenses.	\$		
Total expenses					

Rule 17.400-Form 424: Custody and Visitation Financial Statement, continued

6. My debts Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.

*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month A = Annually

Payable to	Item or service	Amount	How often paid?* W,B,M,T,A	Balance due
A.				\$
B.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any Check this box if you have attached a stacked the total.	\$			
Total debts				\$

7. The other parent's income

- List the other parent's information to the best of your ability.
- This information will not be used to determine child support obligations.

*How often is income received?

 $W = Weekly \quad B = Bi$ -weekly (every other week) $M = Monthly \quad T = Two times a month$

A. Current income from employment and	Gross ir	ncome	Net income		
other sources Sources of income, not required to list name of employer	How often?* W,B,M,T	Gross amount Before taxes	How often?* W,B,M,T	Net amount After taxes	
(1) Wages from employer Job: Title:		\$		\$	
(2) Wages from employer Job: Title:		\$		\$	
(3) Other income Describe source:		\$		\$	
(4) Other income Describe source:		\$		\$	
Total income for other parent from employment and other sources	Total gross income	\$	Total net income	\$	

Rule 17.400—Form 424: Custody and Visitation Financial Statement, continued

8.	Atto Check	rney Help						
	A .□		lid not help me pr	epare or fill	in this pape	er		
	B.□	An attorney h	elped me prepare	e or fill in thi	is paper.			
		Name of attorney	or organization, if any	,	Atto	rney 's PIN –	Ask the	Attorney
			of attorney or organiz		City		State	ZIP code
9.		ification of Sei	no. (or Delivery	,			
		•	ed electronically, will o					
	I,			, certify tha	t on		,	20
	Party	's or attorney's mail		City	-		State	ZIP code
10.	Oath	and Signatur	е					
	Print to th infor	your name le laws of the S mation I have p lt this Motion.	tate of lowa that lorovided in this M	have read	this Motion	and that t	he	
	0	Month	Day Year	Your si	gnature*			
	Mailir	ng address		City		State	ZIP o	ode:
	(Phone	number	Email addre	SS	Additio	onal email ad	ldress – i	if available
	electro		or in paper, you must ha after signing it and then	file electronically	-	m. If you are f	îling	
Augu	st 2019		Rule 17	400—Form 424				Page 7 of 7

Rule 17.400—Form 425: Affidavit of Mailing Notice

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District (rt for County County where the Case is filed
Upon the Petition of	Equity case no
Petitioner Full name of Petitioner as it is in the original case	Affidavit of Mailing Notice
and concerning	
Respondent Full name of Respondent as it is on the Application	
1. Attorney Help Check one	
_	prepare or fill in this paper.
B. An attorney helped me p If you check B, you must fill i	
Name of attorney or organiza	if any Attorney's PIN – Ask the attorney
Business address of attorney	ganization City State ZIP code
() Attorney's phone number	rney's fax no. – optional Attorney's email address – optional

Important Notice

A party **must** file this Affidavit with the clerk of court if he or she asks the court for a default Order for Custody and Visitation. The party **must** also complete the oath and signature section on the next page.

Oath and Signature on next page

Rule 17.400—Form 425: Affidavit of Mailing Notice, continued

Oath and Signature				
I,	, certify under penalt	y of perjury	and pur	suant to the
Print your name				
laws of the State of lowa that on the			_, I sent	by ordinary
•	ry Month	Year		
mail with proper postage, the following	paper or papers:			
Check one				
☐ Notice of Intent to File a Written App	lication for Default Ord	ler for Custo	dy and Vis	sitation or
Other document (describe):				
to the other party's last-known address	below.			
p, c				
Other party's street address	City		State	ZIP code
Signed on:, 20	_			
Month Day Year	Applicant's signature	2*		
Mailing address	City		State	7770 1
				TIP CODE
	City		Biate	ZIP code
()	City		State	ZIP code

* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically,

scan the form after signing it and then file electronically.

Rule 17.400—Form 426: Notice of Intent to File Written Application for Default Decree

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	In the Iowa Dist	rict Court for_			County	
			County where	your case is fi		
Upon	Upon the Petition of Petitioner Full name of Petitioner as it is in the original case			case no.		***
					ent to File Wr or Default De	
and co	ncerning					
	ondent of Respondent as it is on the Petitic	n				
То ра	rty receiving this No	tice:				
First na	те	Middle name		Last name	?	
Date o	f Notice:	, 2	20			
	ou are in default because you fo days from the date of this you without a hearing, and y	Notice, a default Orde	er for Custod	y and Visitation	will be entered as	gainst
	itten signature of party filing ney if filing in paper	this Notice or		nic signature of mey if filing ele	f party filing this ectronically	Notice
The pers	son who provided the signatu	re above must fill in	the information	on below.		
Pre	sent street address (If attorne	ry, firm address)		City	State	ZIP code
(
	ne number tions for party filing this	Email addr	ress			
_	Filing your Notice electr					
	EDMS will automatically se filing requirements.	•	ng this Notice	unless that par	ty is exempt from	electronic
	Filing your Notice in pa	per (if you have rece	ived permiss	ion from the co	urt to file in pape	r)
	 Deliver a copy of this for Complete form 425 and File the original of this for Keep a copy for your rec 	m to the party receiv file the original at the orm (426) at the clerk	ing this Notice	ce by mail or in rt's office.		

Rule 17.400—Form 427: Request for Relief in a Dissolution of Marriage with Children

Use this form only if you have filed a Petition for Custody and Visitation (form 401) and:

- · The other parent (Respondent) did not file an Answer, or
- The other parent will not work with you to prepare a Settlement Agreement (form 428).

Caution: This form may require you to provide protected or sensitive information.

[If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (411) if you have not already done so.

Equity case no. Request for Relief in a Custody and Visitation Case and concerning Respondent Petitioner Petitioner Respondent Respond	In the Iowa District Cour	t for County where your case	Cou	ınty
Custody and Visitation Case and concerning Check one Petitioner Respondent Pull name: first, middle, last Personal Information Fill in all information that you know. If you have been assaulted by the other parent and you fear for your safety, you may leave your address, phone number, and email blank. am Check A or B and fill in C and D. A. Petitioner B. Respondent Respondent Petitioner's birth year and present residence: Birth year Email address City State ZIP code County Phone number Email address Birth year	Upon the Petition of	Equity case no		
parent and you fear for your safety, you may leave your address, phone number, and email blank. I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present residence: Petitioner's present street address City State ZIP code County Phone number Email address D. Respondent's birth year and present residence: Birth year	and concerning	Custody and Check one □ Petitioner	d Visitation	
A. Petitioner B. Respondent C. Petitioner's birth year and present residence: Birth year				y the other
B.				
C. Petitioner's birth year and present residence: Birth year	Check A or B and fill in C and D.			
Petitioner's present street address City State ZIP code County Phone number Email address D. Respondent's birth year and present residence: Birth year	Check A or B and fill in C and D. A. □ Petitioner			
County Phone number Email address D. Respondent's birth year and present residence: Birth year	Check A or B and fill in C and D.A. □ PetitionerB. □ Respondent	dence:		
D. Respondent's birth year and present residence: Birth year	Check A or B and fill in C and D.A. □ PetitionerB. □ Respondent			
D. Respondent's birth year and present residence: Birth year	 Check A or B and fill in C and D. A. ☐ Petitioner B. ☐ Respondent C. Petitioner's birth year and present resident 	Birth year	State	ZIP code
Birth year	 Check A or B and fill in C and D. A. □ Petitioner B. □ Respondent C. Petitioner's birth year and present resident 	Birth year	State	- ZIP code
Respondent's present street address City State ZIP code	Check A or B and fill in C and D. A. □ Petitioner B. □ Respondent C. Petitioner's birth year and present residenter's present street address	Birth year City	State	ZIP code
	Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present resident Petitioner's present street address County Phone number	City Email address esidence:	State	ZIP code
County Phone number Email address	Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present resident Petitioner's present street address County Phone number D. Respondent's birth year and present resident D. Respondent's birth year and present resident	Email address esidence: Birth year City Email address City City		

Rule 17.400—Form 427: Request for Relief in a Dissolution of Marriage with Children, continued

			for Relief				
A.	Ch	ildre	en Check all that are true				
	(1)		Petitioner and Responde Parenting Plan (form 429 Relief.				
	(2)		Petitioner and Respond I filed a Proposed Parei				
	(3)		with the Request for Relief. Petitioner and Responde	nt agree that th	еу	are the parents of the folk	owing children.
			First, middle, & last initials of each child	Birth year		First, middle, & last initials of each child	Birth year
			(1)			(4)	
			(2)			(5)	
			(3)			(6)	
			☐ Check this box if you are	e attaching a sepo	ırat	e sheet listing additional chi	ildren.
	,		Petitioner and Respond children. Check this box if there is a description.	_			
			First, middle, & last initials of each child	Birth year		First, middle, & last initials of each child	Birth year
			(1)			(4)	
			(1)			(4)	
			(2)	-		(5) (6) e sheet listing additional chi	ildren.
	(5)		(2) (3) Check this box if you are Explain who are the pa	rents of the ch	nild	(5) (6) e sheet listing additional chiren listed in (4) above:	
	` ′		(2) (3) Check this box if you are Explain who are the parents.	e children in the	ild e m	(5) (6) the sheet listing additional chirten listed in (4) above: siddle course. Attach cert	tificate
В.	(6)		(2) (3) Check this box if you are Explain who are the pa	e children in the	ild e m	(5) (6) the sheet listing additional chirten listed in (4) above: siddle course. Attach cert	tificate
В.	(6) Fin	□ anc	(2) (3) Check this box if you are Explain who are the parameter parameter parameter for the parameter	e children in the the children in vit (form 424).	e m	(5) (6) re sheet listing additional chiren listed in (4) above: riddle course. Attach certe middle course. Attach certer middle course.	tificate certificate
В.	(6) Fin (1)	□ nanc	(2) (3) Check this box if you are Explain who are the parameter p	e children in the the children in vit (form 424).	e m the	(5) (6) the sheet listing additional chirter listed in (4) above: middle course. Attach certify that I have fully dissets and debts.	tificate certificate isclosed all

Rule 17.400—Form 427: Request for Relief in a Dissolution of Marriage with Children, continued

(2)	Petitioner will pay child so Third party's full name: first, re Present street address County	upport to a third	party in the amount of \$_ party in the amount of \$					
<i>Ā</i> (3) □ F	Present street address County	niddle, last	City	State ZIP code				
(3) F	County		City	State ZIP code				
(3) 🗌 F	•							
	Respondent will pay child							
		d support to Peti	itioner in the amount of \$_	per monf				
			ird party in the amount of					
•	FI : . 1							
1	Third party's full name: first, n	maale, last						
Ī	Present street address		City	State ZIP code				
;	Zarosto							
	County Child support payments will begin on theday of, 20_							
	for the following children	_	Month	, 20 Year				
	First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year				
Ī	(1)		(4)					
Ī	(2)		(5)					
Ī	(3)		(6)					
L	☐ Check this box if vou are	attaching a separ	ate sheet listing additional ch	ıldren.				

Rule 17.400—Form 427: Request for Relief in a Dissolution of Marriage with Children, continued

E.	Tax	exempt	tion

	(1) I	ask the court	Check one for each child				
		First, middle, & last initials of each child	Birth year	Parent who should now claim child for tax deduction	Every Year	Even Years	Odd Years
		(1)					
		(2)					
		(3)					
		(4)					
		(5)					
		(6)					
		Check this bo	x if you are attachin	ng a separate sheet listing additional c	hildren.		
	(2) T	he deduction	will start in tax y	ear Year			
F.	Healing I ask Petitic (1) [(2) [th care expent the court to some Responder These that Petitioner are responder.	on. Tax forms are a me tax credit is not uses set the health car will provide med will pay the first medical expensithen uncovered% by will pay cash me oay all court fees and Respondent		uncover mount is Respond \$	ed spent, dentper	
	(4) L	」 Petitioner a	and Respondent	each pay one-half of the total c	ourt fees	3.	

Rule 17.400—Form 427: Request for Relief in a Dissolution of Marriage with Children, continued

	Н.	Attorney's fees Check one
		(1) I have no attorney's fees.
		(2) U sill pay my own attorney's fees.
		(3) I ask that my spouse pay me \$for attorney's fees.
	l.	Necessary documents
		I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Custody and Visitation case.
	J.	Other request for relief
		☐ Check this box if you have attached a separate sheet listing additional requests for relief.
3.		atements of Understanding and Fact ack all that apply
	A.	☐ I have made a full disclosure of my property and debts to the court.
	В.	☐ This request for relief addresses all issues in my Custody and Visitation case.
	C.	☐ I want the court to approve this request for relief and make it part of the final order.

Rule 17.400—Form 427: Request for Relief in a Custody and Visitation Case, continued

Check one			en :			
	-	nelp me prepare or		er.		
	☐ An attorney helped me prepare or fill in this paper. If you check B, you must fill in the following information:					
Na	me of attorney or org	anization, if any		Attorney's Pl	N – Ask the	Attorney
\overline{Bu}	siness address of atto	rney or organization	City		State	ZIP cod
(torney's phone no.	() Attorney's fax no e	optional Attorney	's email addre:	SS – optional	
Section 5 to	be completed only if j	by Mailing or Defiling in paper or if the ctronically, will automo	other party is exe			
1		cort	ify that on			20
Print 11	Our nama	, cert	iry that on		Day,	20
Name of per	rson to whom I delive	red or mailed it				
	rson to whom I delived		City		- State	ZIP cod
Party's or a			City		- State	ZIP cod
Party's or a Oath and	attorney's mailing add	iress	·	lty of perjury		
Party's or a Oath and I, Print your r to the law provided	attorney's mailing add d Signature name vs of the State of I in this Motion is tr	iress, cert , cert owa that I have rea ue and correct. I a	ify under pena	and that the	and purs	uant
Party's or a Oath and I, Print your r to the law provided Signed on:	attorney's mailing add d Signature name vs of the State of I in this Motion is tr	iress, cert , cert owa that I have rea ue and correct. I a	ify under pena	and that the grant this M	and purs	uant
Party's or a Oath and I, Print your r to the law provided Signed on:	attorney's mailing add d Signature name ws of the State of I in this Motion is tr	iress, cert owa that I have rea ue and correct. I a	ify under pena ad this Motion ask the court to	and that the grant this M	and pursi	uant on I hav
Party's or a Oath and I, Print your r to the law provided Signed on:	d Signature name vs of the State of I in this Motion is tr Month	iress, cert owa that I have rea ue and correct. I a, 20	ify under pena ad this Motion ask the court to Your signature*	and that the grant this M	and purson information lotion.	uant on I have
Party's or a Oath and I, Print your n to the law provided Signed on: Mailing add () Phone numb Whether filing	attorney's mailing add d Signature name vs of the State of I in this Motion is tr Month dress ber	iress, cert owa that I have rea ue and correct. I a, 20	ify under pena ad this Motion ask the court to Your signature*	and that the grant this M	and pursion information information.	on I have

Use this form only if you and the other parent both agree to the terms of a Settlement Agreement.

Caution: This form may require you to provide protected or sensitive information.

- 🗕 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (411) if you have not already done so.
- If filing in paper, you may use form 411 to provide any protected information in full.

In the Iowa District Court	forCounty where your case is fi	County	
Jpon the Petition of	Equity case no		
Petitioner Full name: first, middle, last	Settlement Agro	eement for C /isitation	ustody
and concerning			
Respondent Full name: first, middle, last	_		
A. Petitioner's birth year and present	Birth year	-	
Petitioner's present street address		State	ZIP code
	Birth year City	State	ZIP code
Petitioner's present street address	City mber Email address	State	ZIP code
Petitioner's present street address County Phone num	Tesent residence:	State State	ZIP code
Petitioner's present street address County Phone num B. Respondent's birth year and pr	Birth year City The control of the		

	_			nts								
	VVe	/e agree to the following:										
	A.	Chi	nildren Check all that are true									
		(1)		We agree to the	to the custody and visitation set out in the Agreed Parenting Plan (form 429).							
		(2)		_	e about custody and visitation. We each filed a Proposed Parenting Planing plan, either form 429 or form 430, must be provided to the court with the ment.							
		(3)										
_			مالما	O loot initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)		
				, & last initials								
R	irth	yea	r									
			C_{i}	heck this box if yoı	ı have attache	d a separate s	heet listing ad	lditional childi	ren.			
		(4)		Petitioner has ta	ken the child	dren in the m	iddle course.	. Attach certi	ficate			
		(5)		Respondent has								
		. ,		•					J			
	В.	Fin	anc	ial affidavits CA	neck one							
				Petitioner or Re		s filed a Fina	ncial Affidavi	it (424).				
		. ,		If you check (1), o	heck each tha	at is applicable	е.	` '				
									s that Petitior II expenses a			
									ertifies that R of all expens			
		(2)		We are asking t	hat the court	not require (us to file Fina	ıncial Affidav	its because:			

C.	Note: T	Support Check all that are true ne amount of child support Guidelines. The lowa Department of Service provides a child support estimator on its website. Go to: https://childsupport.ia.gov/ .
	(1)	Petitioner will pay child support to Respondent in the amount of \$ per month.
	(2)	Petitioner will pay child support to a third party in the amount of \$ per month.
		Third party's full name: first, middle, last
		Present street address City State ZIP code
		County
	(3) 🗆	Respondent will pay child support to Petitioner in the amount of \$ per month.
	(4)	Respondent will pay child support to a third party in the amount of \$ per month.
		Third party's full name: first, middle, last
		Present street address City State ZIP code
		County
	(5)	Child support payments will begin on theday of, 20,
		for the following children:
		Child (1) Child (2) Child (3) Child (4) Child (5) Child (6)
First	, middle	, & last Initials
Birth	year	
		Check this box if you have attached a separate sheet listing additional children.
	(6)	Check here if you want child support to be higher or lower than the Child Support Guidelines amount. If you check (6), write the amount you want and explain why in b.
		a. Amount requested:\$ per month
		b. Child support should be different from the Guidelines amount because:
		

_	_		
D.	lav	ever	nption
D .	1 4 1		

(1) We ask the court to set the tax deduction as: Check one for each child

		Child		, middle, & st initials	Birth year	Parent who should now claim child for tax deduction	Every year	Even years	Odd year
		(1)							
		(2)							
		(3)							
		(4)							
		(5)							
		(6)							
		Tax forms	s are avai ed income	with custody mustable from the IR etax credit is not will start in ta:	S website: http:// the same as the	e tax exemption.	can take th	e deductio	n.
E.	Hea	alth car	e expe	nses					
		ask the			ealth care e	xpenses as follows: Check a	ll that app	ply	
	(1)			will provide	medical supp	port (health insurance).			
	(2)			the children. will be paid	After that a	of uncovered mount is spent, then uncovere	d medica		
		_			_	ner and% by Resp			
	(3)			will pay cast	n medical su _l	pport in the amount of \$		_ per mo	onth.
F.	Chec We (1) (2) (3)	☐ Res	at itioner v sponder itioner a	•	court fees. ent will each	pay one-half of the remaining o		5 .	

G.	Attorney's fees
	(1) Petitioner's attorney's fees
	Check one
	a. Petitioner has no attorney's fees.
	b. Petitioner will pay Petitioner's attorney's fees.
	c. Respondent will pay \$ for Petitioner's attorney's fees.
	(2) Respondent's attorney's fees Check one
	c. Petitioner will pay \$ for Respondent's attorney's fees.
Н.	Necessary documents
	We will sign and promptly deliver to each other any papers that may be needed to carry out this
	Settlement Agreement.
I.	Other agreements
	Attach additional sheets if necessary.

3.			_	Help at apply								
	A.	Pet	Petitioner									
		(1)		An attorney did not he	lp me prepare or	fill in this p	oaper.					
		(2)		An attorney helped me	e prepare or fill in	this paper						
				If you check (2), you mu	st fill in the following	tion:						
			Name of attorney or organization, if any					Attorney's PIN – Ask the attorney				
			Business address of attorney or organization (City		State	ZIP code		
							144	'				
			Аш	orney s pnone number	Auorney s jax no.	. – optional	Allorn	ey s emaii aaai	ress – opi	tional		
		(3)	3) A mediator,, who is an attorney, helped Name of mediator									
			Name of mediator prepare or fill in this paper, but did not represent me as a party.									
			prepare or thirm this paper, but did not represent the as a party.									
	B.	Res	spo	ndent								
		(1)		An attorney did not he	elp me prepare or	fill in this p	oaper.					
		(2) An attorney helped me prepare or fill in this paper. If you check (2), you must fill in the following information:										
			Nar	ne of attorney or organiz	ation, if any	Attorney'	's PIN – 2	Ask the attorne	y			
			Bus	siness address of attorney	or organization	City		State		P code		
			(_)	_ ()_							
			() (number – o	ptional	Attorney's e	mail add	dress – optional		
		(3)		A mediator,				_, who is an a	ttorney,	helped me		
				Name of m	ediator							
				prepare or fill in this pa	aper, but did not r	epresent r	me as a	party.				

4. Oaths and Signatures

This Settlement Agreement addresses all issues in our Custody and Visitation case. We want the court to approve this Agreement and make it a part of the final order.

I would like the co- right to talk to an a	urt to address attorney about	the issues in this Agreeme	Settlement Agreement an my custody and visitation ent. I am voluntarily signin esented to a judge for appro	case. I know I have the g this Agreement. I am
Mountle	Day	, 20 <u>Year</u>	Petitioner's signature*	
Month	Day	iear	Pennoner's signature"	
Mailing address			City	State ZIP code
()			•	State 211 Com
Phone number	Email ad	ddress	Addition	al email address – if available
Respondent's O	the form after s ath and Sign	ature	hen file electronically.	
Respondent's On Print your name laws of the State of	the form after s ath and Signa of lowa that I h	ature, cer	then file electronically. tify under penalty of perjur Settlement Agreement an	y and pursuant to the
Respondent's Oa I, Print your name laws of the State of I would like the coright to talk to an a	ath and Signal of Iowa that I have to address attorney about	ature, cer nave read this the issues in this Agreeme ement be pre	then file electronically.	ry and pursuant to the and it accurately states how case. I know I have the g this Agreement. I am
Respondent's On I, Print your name laws of the State of I would like the coright to talk to an asking that this Secourt.	ath and Signal of Iowa that I have to address attorney about	ature, cer nave read this the issues in this Agreeme ement be pre	tify under penalty of perjur Settlement Agreement an my custody and visitation ent. I am voluntarily signin	ry and pursuant to the aid it accurately states how case. I know I have the gethis Agreement. I am oval and filing with the
Respondent's Oall, Print your name laws of the State of I would like the coright to talk to an aasking that this Se	ath and Signal of Iowa that I have to address attorney about	ature, cer nave read this the issues in this Agreeme	then file electronically. It if y under penalty of perjures Settlement Agreement and my custody and visitation ent. I am voluntarily signin	ry and pursuant to the and it accurately states how case. I know I have the gethis Agreement. I am oval and filing with the
Respondent's On I, Print your name laws of the State of I would like the coright to talk to an asking that this Secourt.	ath and Signal of Iowa that I have to address attorney about	ature, cer nave read this the issues in this Agreeme ement be pre	tify under penalty of perjur Settlement Agreement an my custody and visitation ent. I am voluntarily signin	ry and pursuant to the aid it accurately states how case. I know I have the gethis Agreement. I am oval and filing with the
Respondent's On I, Print your name laws of the State of I would like the coright to talk to an asking that this Secourt. Month	ath and Signal of Iowa that I have to address attorney about	ature, cer nave read this the issues in this Agreeme ement be pre	tify under penalty of perjures Settlement Agreement and my custody and visitation ent. I am voluntarily signing esented to a judge for approximate the set of the second ent o	ry and pursuant to the and it accurately states how case. I know I have the ag this Agreement. I am oval and filing with the

Rule 17.400—Form 429: Agreed Parenting Plan

Use this form if both parents agree to everything in the plan regarding child custody and visitation.

Do not use this form if you and the other parent do not agree to all child custody and visitation arrangements. Instead, use form 430 to present a Proposed Parenting Plan to the court for the child custody and visitation arrangements you want.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

	lr	n the Ic	owa District Cou	rt for	nty wh	ere you	are filing this Parenting Plan	_ County
Uŗ	on	the Pe	tition of			Equi	ty case no	
Pe	titic	oner Fi	ull name: first, middle, last		_		Agreed Parentin	g Plan
an	d co	ncernin	g					
Re	spo	ondent	Full name: first, middle,	last				
1.			on for the Court					
	B.	Childre	n List all children bo	rn to, adopte	ed by, c	or whos	e legal parents are Petitioner	and Respondent.
		Child	First, middle, & last initials	Present age	Gei M	nder F	School	Grade
		(1)						
		(2)						
		(3)						
		(4)						
		(5)						
		(6)						
		☐ Che	ck this box if you are a	ttaching a s	heet lis	ting ad	ditional children.	
	C.	Informa	ation about the chil	dren				
		Check al	ll that are true					
		(1)	The children listed in are Petitioner and R			hildren	born to, adopted by or wh	ose legal parents
		(2)					court case. If you check (2), d custody and visitation.	attach a copy of the

2. Plan

A. Read these definitions of legal custody and physical care:

- (1) Legal custody means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) Physical care means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

B.	Legal custody should be Check one
	(1) Joint legal custody to both parents
	(2) To Petitioner
	(3) To Respondent
	(4) To other person
	Full name of other person: first, middle, last
C.	Physical care should be
	Check one
	(1) To Petitioner If you check (1), use D for Respondent's visitation.
	(2) To Respondent If you check (2), use D for Petitioner's visitation.
	(3) Joint physical care to both parents If you check (3), use E to explain the joint physical care schedule.
	(4) To other person
	Full name of other person: first, middle, last
D.	Regular Visitation Schedule
	Use D only if one parent will have physical care. This is the schedule for the other parent to see the children.
	(1) Visitation for
	Check one
	a. Petitioner
	b. Respondent

	(2)			n permission b, <i>or</i> c.
		a.		Visitation should not be allowed because:
		b.		Visitation should be supervised because:
				The supervisor for visitation should be
		C.		Regular unsupervised visitation schedule as the parents agree: ck all that apply
			i. ii.	□ Reasonable visitation as the parents agree. □ Mid-week visitation on these days: M Tu W Th F □ a.m. □ a.m. □ □ □ □ □ From □ p.m. to □ p.m.
			iii.	□ Every weekend □ a.m. □ a.m. □ a.m. From
			iv.	☐ Every other weekend ☐ a.m. ☐ a.m. ☐ a.m. From ☐ at ☐ p.m. to ☐ at ☐ p.m. to ☐ at ☐ p.m. Day of week Time ☐ p.m.
			V .	Other Describe
			vi.	Visitation will start on
E.	Joii	nt p	hvsi	Month Day Year cal care plan
		_	-	both Petitioner and Respondent will have joint physical care
	(1)			titioner and Respondent will make decisions about the children: For example, decisions of medical care, religion, and other decisions parents make for their children.
		_		
		_		

(2)	How the children's time will be divided between Petitioner and Respondent: Also use section F for holidays, school breaks, birthdays, and other issues.
(3)	How the children's expenses will be paid: For example, expenses such as clothes, activities, and school fees.
(4)	How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):
(5)	Other issues:

F. Other Custody and Visitation Considerations

All parents should complete section F regardless of physical care plan.

(1) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

Note: You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

			P	= Petiti	oner	R=R	esponde	ent
Holiday	Tim	е	Every P	year R	Even P	years R	Odd :	years R
New Year's Eve	:	□ a.m. □ p.m.						
New Year's Day	:	□ a.m. □ p.m.						
Martin Luther King, Jr. Day	:	□ a.m. □ p.m.						
President's Day	:	□ a.m. □ p.m.						
Memorial Day	:	□ a.m. □ p.m.						
Independence Day July 4th	:	□ a.m. □ p.m.						
Labor Day	:	□ a.m. □ p.m.						
Veterans' Day November 11th	:	□ a.m. □ p.m.						
Thanksgiving Day	:	□ a.m. □ p.m.						
Christmas Eve	:	□ a.m. □ p.m.						
Christmas Day	:	□ a.m. □ p.m.						
Mother's Day	:	□ a.m. □ p.m.						
Father's Day	:	□ a.m. □ p.m.						
Petitioner's Birthday	:	□ a.m. □ p.m.						
Respondent's Birthday	:	□ a.m. □ p.m.						
Halloween October 31st	:	□ a.m. □ p.m.						
Other: Describe	:	□ a.m. □ p.m.						
Other: Describe	:	□ a.m. □ p.m.						

(2)	_	ecia eck o	l rules for holidays ne
	a.		If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
	b.		If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. This means the parent who has the children on the holiday weekend may have the children two weekends in a row.
	C.		The parents will cooperate and rearrange the alternate weekend schedule so that neither parent will have the children more weekends in a row without contact with the other parent.
	d.		Other Explain
(3)	Su	mm	er
(0)		eck o	
	a.		Summer school vacation will be divided as Petitioner and Respondent agree.
	b.		Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts. If a joint physical care arrangement exists, the parents will return to that joint physical care arrangement at least one week before school starts.
	C.		The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
	d.		The joint physical care arrangement will continue unchanged.
	e.		Other Explain
(4)		nter eck o	school holiday
	a.		Winter school holidays will be divided as Petitioner and Respondent agree.
	b.		Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
	C.		Other Explain

(5)	Sp	ring	school break
	Che	eck a	ll that apply.
	a.		Spring school break will be divided as Petitioner and Respondent agree.
	b.		Spring school break will be alternated every other year between Petitioner and Respondent.
	C.		Petitioner and Respondent will each have one-half of each spring school break.
	d.		Other Explain
(6)	Th	e ch	nildren's birthdays
	Che	eck o	ne
	a.		Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
	b.		A child's birthday will be spent with the parent who has the child on that day.
	C.		Each child's birthday will be alternated from year to year between Petitioner and Respondent.
	d.		Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
	e.		Other Explain
(7)			up and drop off
		_	The parents will agree about pick up and drop off for each visit
	a. b.		The parents will agree about pick up and drop off for each visit. The parent starting that parent's time with the children will pick up the children at the other parent's residence.
	C.		Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following persons are permitted to help:
	d.		Other arrangements for visitation For example, Petitioner and Respondent will meet
			at a location between their residences. Explain

(8)			rent without the children may contact the children by Il that apply
	a.		Calling the children
		Che	eck one
		İ.	☐ At reasonable hours
		ii.	□ a.m. □ a.m. □ a.m. □ p.m. to □ p.m.
		•••	
			Phone number ()
	b.		Emailing the children at this address: <i>Email where children can be contacted</i>
	C.		Other Explain
(9)	Ch	ang	es to the schedule
	Che	eck a	ll that apply
	a.		The parties may agree to additional visitation or changes to the schedule.
	b.		If one parent fails to arrive at the appointed time, then the other parent will wait for at least
			minutes before cancelling the visit.
	C.		No changes allowed except by a court order.
	d.		Other Explain
(10)		solv eck o	ring disagreements
	Bef	fore	going to court to resolve disagreements, Petitioner and Respondent will
	a.		Ask the following person to help them resolve disagreements:
			Name Relationship to parties Phone number
			Present street address City State ZIP code
	b.		Go to mediation. Do not check if mediation will not work because of domestic violence
			or an injunction.

3	Att	orn	ΔV	Hal	In
J.	All	OHI	Eν	пе	w

Check all that apply

A.	Petitioner				
	(1) An attorney did not he	elp me prepare or fill in this p	oaper.		
	(2) An attorney helped m	e prepare or fill in this paper	г.		
	If you check (2), you mu	st fill in the following informa	tion:		
	Name of attorney or organiz	ation, if any	Attorney's P	IN – Ask the at	torney
	Business address of attorney	or organization	City	State	ZIP code
	Attorney's phone number	Attorney's fax no. – optional	Attorney's emo	ail address – opti	ional
	(3) A mediator,		, who i	s an attorney,	helped me
	Name of m	ne diator			
	prepare or fill in this p	aper, but did not represent i	me as a party.		
В.	Respondent				
	(1) An attorney did not he	elp me prepare or fill in this p	oaper.		
		e prepare or fill in this paper ast fill in the following informa			
	Name of attorney or organiz	ation, if any	Attorney's P	IN – Ask the at	torney
	Business address of attorney	or organization	City	State	ZIP code
	()	() Attorney's fax no. – optional	Attorney's emo	ail address – opti	ional
	Name of m	<i>nediator</i> aper, but did not represent i		s an attorney,	helped me

4. Oaths and Signatures

This Agreed Parenting Plan addresses all custody and visitation issues in our custody and visitation case. We want the court to approve this Agreed Parenting Plan and make it a part of the final order.

l, <u>Print Petitio</u> r	ner's name	, cei	tify under penalty of per	jury and pursuant to the
	ate of lowa that I to adopt this Agre			and I agree with the Plan. I
Month	<i>Dav</i>	, 20 <u></u>	Petitioner's signature	*
	,			
Mailing addres	s		City	State ZIP code
<u></u>		address	Additi	onal email address – if available
	electronically or in	paper, you mu.		e on this form. If you are filing
* Whether filing electronically, . B. Respondent'	electronically or in scan the form after s Oath and Sigi	paper, you mu. signing it and i	st handwrite your signatur hen file electronically.	e on this form. If you are filing
* Whether filing electronically. B. Respondent' I,	electronically or in scan the form after s Oath and Sign dent's name ate of lowa that I o adopt this Agre	paper, you mu. signing it and the nature, cel have read this sed Parenting	st handwrite your signature then file electronically. tify under penalty of per s Agreed Parenting Plan Plan.	e on this form. If you are filing jury and pursuant to the and I agree with the Plan. I
* Whether filing electronically. B. Respondent' I,	electronically or in scan the form after s Oath and Sign dent's name ate of lowa that I o adopt this Agre	paper, you mu. signing it and i nature, cel have read this ed Parenting	st handwrite your signature then file electronically. tify under penalty of per a Agreed Parenting Plan	e on this form. If you are filing jury and pursuant to the and I agree with the Plan. I
* Whether filing electronically, . B. Respondent' I, Print Respondent' laws of the Standard the court to	electronically or in scan the form after s Oath and Sign dent's name ate of lowa that I to adopt this Agre	paper, you mu. signing it and the nature, cel have read this sed Parenting	st handwrite your signature then file electronically. tify under penalty of per s Agreed Parenting Plan Plan.	e on this form. If you are filing jury and pursuant to the and I agree with the Plan. I

* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.400—Form 430: Proposed Parenting Plan

 $Use\ this\ form\ if\ you\ and\ the\ other\ parent\ do\ not\ agree\ to\ all\ child\ custody\ and\ visitation\ arrangements.$

Do not use this form if both parents agree to everything in this plan. Instead, use form 429 to tell the court what you both want your plan to be.

lı	n the Iowa District C		here you are filing this Parenting Plan						
Jpon	the Petition of			Equ	ity case no				
	Petitioner Full name: first, middle, last and concerning				Proposed Parenting Plan Check one Petitioner Respondent				
Respo	ondent Full name: first, mi	ddle, last							
am									
Check o A.	one ☐ Petitioner								
В.	☐ Respondent								
1. Inf	formation for the Co	urt							
A.	Children List all children	n born to or a	dopted b	y Petiti	oner and Respondent.				
	First, middle, & last initials of each child	Present age	Gen M	der F	School	Grade			
	(1)								
	(2)								
	(3)								
	(4)								
	(5)								
	(6)								
	☐ Check this box if you o	are attaching	a separa	te shee	t listing additional children.				
B.	(2) \(\sum \) One or more of	ed in A are tl the children i	is in a ju	ıvenile	n born to or adopted by th court case. <i>If you check</i> (2 <i>Id custody and visitation</i> .	·			

C.	Specia	ll concerns about the children
	Check a	ll that are true
	(1)	Breastfeeding infant
	(2)	Child with a disability
	(3)	Other Explain
D.	Inform	ation about the parents
		ll that are true
	(1)	Petitioner receives public assistance, Title XIX, or FIP.
	(2)	Respondent receives public assistance, Title XIX, or FIP.
	(3)	Petitioner plans to move within the next year.
	(4)	Respondent plans to move within the next year.
	(5)	This is the Parenting Plan for before the move.
	(6)	This is the Parenting Plan for after the move.
E.	Specia	Il concerns about the parents
	Check a	ll that are true
	(1)	Petitioner has an alcohol or drug problem.
	(2)	Respondent has an alcohol or drug problem.
	(3)	Petitioner does not have a driver's license.
	(4)	Respondent does not have a driver's license.
	(5)	Petitioner's home environment is not suitable. Explain in 11
	(6)	Respondent's home environment is not suitable. Explain in 11
	(7)	Petitioner is in jail or a mental health institution. Explain in 11
	(8)	Respondent is in jail or a mental health institution. Explain in 11
	(9)	Petitioner is protected under a Domestic Abuse Protective Order. Explain in 11
	(10)	Respondent is protected under a Domestic Abuse Protective Order. Explain in 11
	(11)	Explain:

2. Plan

A. Read these definitions of legal custody and physical care:

- (1) Legal custody means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) Joint legal custody means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) Physical care means providing the main home for the child and taking care of the child.
- (4) Joint physical care means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

_						
В.	Legal custody should be					
	Check one					
	(1) Joint legal custody to both parents					
	(2) To Petitioner					
	(3) To Respondent					
	(4) To other person					
	Full name of other person: first, middle, last					
C.	Physical care should be Check one					
	(1) ☐ To Petitioner If you check (1), use D for Respondent's visitation.					
	(2) To Respondent If you check (2), use D for Petitioner's visitation.					
	(3) Joint physical care to both parents If you check (3), use E to explain the joint physical care schedule.					
	(4) To other person					
	Full name of other person: first, middle, last					

D. Regular Visitation Schedule Use D only if one parent will have physical care. This is the visitation schedule for the other parent to see the children. If the parents will have joint physical care, then skip this section and complete section E instead. (1) Visitation for Check one a. Petitioner b. Respondent (2) Visitation permission Check a, b, or c. a. Usitation should not be allowed because: b. Usitation should be supervised because: The supervisor for visitation should be Supervisor's full name: first, middle last c. Regular unsupervised visitation schedule as the parents agree: Check all that apply Reasonable visitation as the parents agree. ii. Mid-week visitation on these days: From _____ a.m. to ____ p.m. □ a.m. □ a.m. □ a.m. v. Other Describe

Month

20

Year

Day

vi. Visitation will start on _

E. Joint physical care plan

 $\textit{Use} \to \textit{only if both Petitioner and Respondent will have joint physical care.}$

If one parent will have physical care with the other having visitation, then skip this section and complete section D instead.

(1)	How Petitioner and Respondent will make decisions about the children: For example, decisions on school, medical care, religion, and other decisions parents make for their children.
(2)	How the children's time will be divided between Petitioner and Respondent: Also use section F for holidays, school breaks, birthdays, and other issues.
(3)	How the children's expenses will be paid: For example, expenses such as clothes, activities, and school fees.
(4)	How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):
(5)	Other issues:

F. Other Custody and Visitation Considerations

All parents should complete section F regardless of physical care plan.

(1) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

P = Petitioner R = Respondent

	P = Petitioner							
Holiday	Tim	Every P	Every year P R		Even years P R		Odd years P R	
New Year's Eve	:	│						
New Year's Day	:	│						
Martin Luther King, Jr. Day	:	│						
President's Day	:	│						
Memorial Day	:	│						
Independence Day July 4th	:	│						
Labor Day	:	│						
Veterans' Day November 11th	:	│						
Thanksgiving Day	:	│						
Christmas Eve	:	│						
Christmas Day	:	│						
Mother's Day	:	│						
Father's Day	:	│						
Petitioner's Birthday	:	□a.m. □p.m.						
Respondent's Birthday	:	□a.m. □p.m.						
Halloween October 31st	:	□a.m. □p.m.						
Other: Describe	:	□a.m. □p.m.						
Other: Describe	:	□a.m. □p.m.						

(2)	Spe	ecial	rules for holidays Check one
	a.		If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
	b.		If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. This means the parent who has the children on the holiday weekend may have the children two weekends in a row.
	C.		Other Explain
(0)	.		- of 1
(3)		_	Fr Check one
	a.		Summer school vacation will be divided as Petitioner and Respondent agree.
	b.		Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.
	C.		The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
	d.		Other Explain
(4)	Wii	nter :	school holiday Check one
	a.		Winter school holidays will be divided as Petitioner and Respondent agree.
	b.		Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
	C.		Other Explain
(5)	Spi	ring :	school break Check one
	a.		Spring school break will be divided as Petitioner and Respondent agree.
	b.		Spring school break will be alternated every other year between Petitioner and Respondent.
	C.		Petitioner and Respondent will each have one-half of each spring school break.
	d.		Other Explain

(6)	Th	e chi	Idren's birthdays Check all that apply
	a.		Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
	b.		A child's birthday will be spent with the parent who has the child on that day.
	C.		Each child's birthday will be alternated from year to year between Petitioner and Respondent.
	d.		Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
	e.		Other Explain
(7)	Pi	ick u	p and drop off Check all that apply
	a.		The parents will agree about pick up and drop off for each visit.
	b.		The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
	C.		Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following people are permitted to help:
	d.		Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): <i>Explain</i>
(8)	The	e par	rent without the children may contact the children by Check all that apply Calling the children
		Che	ck one
		i.	At reasonable hours
		ii.	□ a.m. □ a.m. □ a.m. □ p.m. to □ p.m.
			Phone number ()Phone no. where children can be contacted
	b.		Emailing the children at this address: Email where children can be contacted
	C.		Other Explain

(9)) Changes to the schedule Check all that apply								
	a.		The parties may agree to additional visitation	or changes to the sche	dule.				
	b.		If one parent fails to arrive at the appointed ti	me, then the other pare	nt will v	vait for at least			
			minutes before cancelling the visit.						
	C.		No changes allowed except by a court order.						
	d.		Other Explain						
(10)	Re	solvi	ing disagreements						
(10)		eck o							
	Be	fore	going to court to resolve disagreements, Pe	titioner and Responder	nt will				
	a.		Ask the following person to help them resolve	•					
				· ·	,	,			
			Name	. Relationship to parties	(Phor	_) ne number			
				1 1					
			Present street address	City	State	ZIP code			
	b.		Go to mediation. Do not check if mediation wo or an injunction.	ill not work because of d	omestic	violence			

Attorney Help

Rule 17.400—Form 430: Proposed Parenting Plan, continued

Check one					
A. An attorney did	not help me prepa	re or fill in this p	aper.		
B. An attorney help	ped me prepare or	fill in this paper.			
If you check B, yo	u must fill in the follow	ving information:			
Name of attorney of	or organization, if any		Attorney	's PIN – Asi	k the Attorney
=					
Business address o	f attorney or organiza	ition C	lity	Si	ate ZIP code
Attorney's phone n	o. () Attorney's fax	NO entired Attor	man's amail a	ddrass ania	ual.
Auorney's phone n	o. Auorney s jux	no. – optonat Auor	пеу зетин и	aaress – opilol	nai
A Cartification of San	rico by Mailing r	or Dolivory			
4. Certification of Servi Section 4 to be completed on			exempt from	electronic	
filing. This document, if file					
I.		certify that on			. 20
l,		, certify that on_ $M_{ m c}$	onth		, <u></u>
Name of person to whom I a					
Party's or attorney's mailin	g address	City		Stat	e ZIP code
5. Oath and Signatur	re				
l.		, certify under pe	enalty of pe	riurv and p	ursuant
Print your name					
to the laws of the State provided in this Motion					ation I have
Signed on:			-		
Month	, 20	Your signatu	re*		
Mailing address		City		State 2	ZIP code
()					
Phone number	Email addres	S	Additional	email addre	SS – if available
* Whether filing electronically o	r in naner vou must han	durite vour signature	on this form	H vou are filin	•
electronically, scan the form a			on mis jorm. 1	j you are jung	5
August 2019	Rule 1	7.400—Form 430			Page 10 of 10

[Court Order July 19, 2019, effective September 1, 2019]

Forms 431 to 500: Reserved

Rules 17.401 to 17.499 Reserved.